

QUEENSBURY AND SHELF
URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE



MEDICAL OFFICER OF HEALTH
(DR. F. APPLETON, M.B., Ch.B., D.P.H., D.P.A.)

AND

THE PUBLIC HEALTH INSPECTOR
(W. E. SHELLEY, M.S.I.A.)

FOR THE

YEAR ENDED 31st. DECEMBER, 1962

QUEENSBURY & SHELF

URBAN DISTRICT COUNCIL.

HEALTH COMMITTEE

(as at 31st. December, 1962).

Chairman of the Council

Councillor R. Goodwin, J.P.

Chairman of Health Committee

Councillor L. Woodhead.

Vice Chairman

Councillor W. S. Smith.

Councillor Ashworth A.

Councillor Moore J.H.

Councillor Bottomley J.D.W.

Councillor Pohlmann F.W.

Councillor Chatburn J.H.

Councillor Roberts J.T.

Councillor Dowley W.

Councillor Reynolds E.

Councillor Harling R.

Councillor Smith C.H.M.

Councillor Horton J.H.

Councillor Sutcliffe E.

Other Committees dealing with matters of public health are :-

Housing and Town Planning Committee

Rehousing those in need.

Waterworks Committee

Water supplies throughout the area

Sewerage and Sewage Disposal Committee

The sewerage of the district and sewage disposal.

Cemetery, Recreation Grounds and Allotments Committee

The provision of cemetery facilities.

Victoria Hall Committee

The provision and maintenance of public swimming and slipper baths.

PUBLIC HEALTH STAFF

Medical Officer of Health:	F. Appleton M.B., Ch.B.,D.H.P.,D.P.A.
Public Health Inspector:	W.E. Shelley M.A.P.H.I.,C.R.S.I.
Clerk and General Assistant:	H. Phillips.

TO: THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

Mr. Chairman and Gentlemen,

I have the honour to present my Annual Report for the year ended 31st. December, 1962.

The vital statistics are not as satisfactory as last year, the birth rate being lower and the death rate higher. The birth rate last year, however, was exceptionally high and we still have a natural increase in population of 38, this being the figure by which births exceed deaths. The Registrar General estimates that there was an increase of 80 in the mid-year estimate of population.

Although we had an exceptionally low incidence of notifiable infectious disease this year, the lowest on record, an outbreak of Smallpox at Bradford at the beginning of the year occasioned much work and considerable anxiety. Naturally enough, this anxiety was not confined to this department and the doctors of the town, for it was important news for both press and television, and the repeated dissemination of news of fresh cases caused many of the public to share our worries. Information of each new case added to public anxiety for it was naturally not immediately appreciated by the public that these cases were occurring in people already under surveillance.

With the co-operation of the family doctors and of the Council, it was decided not to carry out mass vaccination in Queensbury but the family doctors were continually pressed for vaccination during the first days of the outbreak, and it was largely due to their efforts that the public anxiety was resolved so soon.

It is at a time like this that one realises the trust placed by the public in the family doctor, who, hard pressed and anxious himself, still finds time for reassurance and reliable information.

We posted daily bulletins on the Council Offices and at the Victoria Hall, and information was also issued through the employers of labour, but the medical and nursing services of the town were the main sources of public information.

Last year, I drew the Council's attention to the number of unfit houses which still existed in the area, and stressed the necessity for the Council to expedite the rate of building of new houses not only to replace the older ones but to provide particularly for the young couple starting their lives together, the family, and the old people, all of whom require different units of accommodation. In July, the necessity of providing more new houses was again stressed in a special report, and in this annual report your Public Health Inspector, after a survey of the ages of houses, suggests that to bring the housing accommodation of Queensbury into line with that of Shelf it will be necessary to replace 450 old houses by 450 new ones. He further suggests that some of these new houses could be provided by private enterprise.

If and when, however, we deal with 450 houses under Slum Clearance procedure, it is unlikely that more than one third of the families displaced will be able to purchase their own houses, and the only way of ensuring the fulfilment of a slum clearance programme is by Council building. The setting aside of land for development by private builders will, however, obviously relieve the pressure on Council house lists, and I would welcome any measure which helps to rehouse the people in twentieth century houses. It has been said that we have no slums in Queensbury and Shelf and this is true if slums are characterized by collections of people with anti-social habits and uncared for houses, but we have obsolete houses kept decent by hardworking people who are fighting a constant and expensive battle to keep their houses fit. I still hope for the day when there is Government help to small Councils with small reserves who have a large number of old, outmoded, outworn dwellings.

This year it was again not possible to represent any houses in Clearance Areas, but six houses were the subject of Closing Orders, and the last tenants were able to move from Clearance Areas which had been previously declared.

With the projected building of 76 new bungalows for old people, we are hopeful that progress will be possible next year in our slum clearance programme. It must be remembered that our target by 1965 is 96 houses.

There is no doubt that we need more accommodation for old people, and we were very glad that at the end of the year the Chairman of the Council agreed to sponsor the setting up of an old people's welfare committee so that activities for old people could be fostered and co-ordinated.

We have very good clubs for old people both in Queensbury and Shelf and many of our old people who are housebound are visited by kindly people but there is a need for the expansion of our services and a visiting committee and a meal on wheels service is envisaged.

We hope, too, that the very successful warden's scheme in the Council-owned property may soon be supplemented by wardens' schemes for privately-owned houses.

Reference was made last year to the large amount of time that had been spent on the preparation of the first smoke control area of this Urban District. The Order was made and came into force on the 1st July, 1962. It was perhaps unfortunate that this particular year was chosen for the implementation of this first area for the winter of 1962/63 was a particularly severe one and there were some delays experienced in obtaining smokeless fuel due principally to unprecedented demand and transport difficulties. Smokeless fuel is bulkier than coal and so more difficult to handle and more difficult to store.

If we are to have the public with us, supplies of smokeless fuel must be plentiful, and although it is accepted that the supply of such fuel was there, its delivery was not always made at the expected time this winter. Any enlightened public health department does not lightly undertake prosecution. Indeed, the whole of our work is built on understanding and persuasion; and this particularly severe winter was not a good time to put pressure on people and specially the older people who had had coal fires all their lives.

We had remarkably few offenders in this first smoke control area, and work is now well in hand on the second smoke control area which will include 397 dwellings and 14 other premises.

The seven years which industrial firms were given in which to make the necessary alterations to plant will have elapsed in July 1963 and no longer will it be a defence when dark smoke is emitted in excess of that allowed by the Dark Smoke (Permitted Periods) Regulations, 1958, that it had not been practicable to alter the premises or plant so that compliance could be attained.

Consequently, domestic fuel users will generally not have the experience of seeing smoke billowing out from industrial premises when they themselves are burning only smokeless fuel.

During the year, industrial premises have not been neglected. Industrial users are generally found co-operative and we are grateful to them. The Public Health Inspector believes that very soon now all our industrial chimneys will be, if not smokeless, at least beyond reproach.

There are difficulties in a small Urban District for a Public Health Inspector who is alone, and Mr. Shelley's difficulties have been increased in recent years by the large amount of meat inspection at the Bacon Factory. Consequently, this Council decided in 1962 to make an appointment of an additional Public Health Inspector, an appointment which has become increasingly necessary, if the work of the department is to be properly and efficiently carried out.

The chief source of anxiety of a conscientious officer is not in the work that has been done but in the work that it has not been possible to do.

With this appointment, we hope that at least some of our anxieties will be allayed.

Increasingly, as I have come to know better the members of the Council, I have appreciated their courtesy and confidence always extended to our small department and I thank you, Mr. Chairman, for all the help given to us again this year.

I am, Mr. Chairman and Gentlemen,

Your obedient Servant,

FRANK APPLETON

Medical Officer of Health.

ANNUAL REPORT OF THE MEDICAL OFFICER

OF HEALTH

FOR THE YEAR 1962.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

AREA (in Acres)	2,795
POPULATION Census, 1961: 9,306 1962 (est). ...	9,370
AVERAGE NUMBER OF PERSONS PER ACRE	3.35
NUMBER OF INHABITED HOUSES Queensbury: 2276 Shelf: 1284 ... Total: 3,560	
NUMBER OF INHABITED HOUSES PER ACRE... ..	1.27
AVERAGE NUMBER OF PERSONS PER HOUSE....	2.63
RATEABLE VALUE 	£75,065.
PRODUCT OF A PENNY RATE... ..	£290.

A full description of the area was given in the last annual report and is familiar to most members of the Council. This has not changed, and it is not proposed to repeat it.

Although Queensbury and Shelf were amalgamated in 1937, the two areas are different in character and, even today, no full community of interest exists. I think the principal reason why the tow areas are not now firmly amalgamated is the difficulty in communication, for there is no direct bus service between Shelf village and Queensbury. Queensbury village, situated as it is on the high eminence overlooking Halifax, has unrivalled views for an industrial town. Because of its average altitude of 1,100 feet, it is a cold area but often escapes the foggy conditions in the valleys. Shelf is less hilly and more residential in character. Although Queensbury is situated between Halifax and Bradford, the connection with Bradford is a strong one, and the proposals of the Boundary Commission that Queensbury should be absorbed by Bradford met with some support in the district. The affinities of Shelf with Bradford are very much less strong, and Shelf has also some community of interest with the neighbouring Boroughs of Brighouse and Halifax.

EXTRACT FROM VITAL STATISTICS FOR THE YEAR.

Live Births -

	M.	F.	Totals.
Legitimate	80	75	155
Illegitimate	6	2	8
Total	86	77	163

Live Birth Rate: 17.4 per 1,000 of estimated resident population.

Adjusted Birth Rate: 16.7 per 1,000 of estimated resident population.

Illegitimate live births per cent of total live births: 4.9

Still Births -

	M.	F.	Totals.
Legitimate	1	2	3
Illegitimate	-	-	-
Total	1	2	3

Still Birth Rate per 1,000 total (live and still) births: 18.1

Total Live and Still Births -

M.	F.	Totals.
87	79	166

Deaths -

M.	F.	Totals.
65	61	125

Crude Death Rate: 13.3 per 1,000 of estimated resident population.

Adjusted Death Rate: 14.0 per 1,000 of estimated resident population.

Infant Deaths -

	M.	F.	Total.
Legitimate	4	2	6
Illegitimate	-	-	-
Totals	4	2	6

Infant Mortality Rate per 1,000 live births - total: 36.8

Infant Mortality Rate per 1,000 live births - legitimate: 38.7

Infant Mortality Rate per 1,000 live births - illegitimate: -

Neo-Natal Mortality Rate per 1,000 live births : 18.4
(First four weeks)

Early Neo-Natal Mortality Rate per 1,000 live births : 6.1
(Under 1 week)

Peri-Natal Mortality Rate per 1,000 total live and still births
(Still births and Deaths under 1 week combined) : 24.1

Maternal Deaths (including Abortion) :

Rate per 1,000
live and still births.

Nil.

Nil.

TABLE I

CAUSES OF DEATH OF QUEENSBURY AND SHELF RESIDENTS IN 1962.

<u>Causes of Death</u>					1962 All Ages		<u>Total.</u>
					<u>M.</u>	<u>F.</u>	
1.	Tuberculosis - respiratory	...	...	...	-	-	-
2.	Tuberculosis - other	...	...	...	-	-	-
3.	Syphilitic disease	...	...	...	1	1	2
4.	Diphtheria	...	...	...	-	-	-
5.	Whooping Cough	...	...	...	-	-	-
6.	Meningococcal infections	...	...	...	-	-	-
7.	Acute Poliomyelitis	...	...	...	-	-	-
8.	Measles	...	...	...	-	-	-
9.	Other infective and parasitic diseases				1	1	2
10.	Malignant neoplasm stomach	...	...	...	3	5	8
11.	Malignant neoplasm lung, bronchus	...	...	...	3	-	3
12.	Malignant neoplasm breast	...	...	...	-	1	1
13.	Malignant neoplasm uterus	...	...	...	-	3	3
14.	Other malignant and lymphatic neoplasms				6	5	11
15.	Leukaemia, aleukaemia	...	...	...	-	-	-
16.	Diabetes	...	...	...	-	2	2
17.	Vascular lesions of nervous system	...	...	...	3	10	13
18.	Coronary disease, angina	...	...	...	17	10	27
19.	Hypertension with heart disease	...	...	...	-	2	2
20.	Other heart disease	...	...	...	6	9	15
21.	Other circulatory disease				4	2	6
22.	Influenza	...	...	...	-	-	-
23.	Pneumonia	...	...	...	3	3	6
24.	Bronchitis	...	...	...	5	1	6
25.	Other diseases of respiratory system				1	-	1
26.	Ulcer of stomach and duodenum	...	...	...	1	-	1
27.	Gastritis, enteritis and diarrhoea	...	...	...	-	-	-
28.	Nephritis and nephrosis	...	...	...	1	-	1
29.	Hyperplasia of prostate	...	...	...	-	-	-
30.	Pregnancy, childbirth, abortion	...	...	...	-	-	-
31.	Congenital malformations	...	...	...	1	1	2
32.	Other defined and ill-defined diseases				7	1	8
33.	Motor vehicle accidents	...	...	...	-	-	-
34.	All other accidents	...	...	...	-	3	3
35.	Suicide	...	...	...	1	1	2
36.	Homicide and operations of war	...	...	...	-	-	-
Totals					64	61	125

TABLE 2.

BIRTH AND MORTALITY RATES FOR 1962 FOR THE
WEST RIDING ADMINISTRATIVE COUNTY
AND ENGLAND AND WALES.

	Aggregate of U.D.'s	Aggregate of R.D.'s	Adminis- trative County	England and Wales	Queensbury and Shelf
Crude Birth	17.5	18.4	17.8	18.0	17.4
Adjusted Birth	17.7	18.2	17.8	-	16.7
Crude Death	12.7	10.2	12.0	11.9	13.3
Adjusted Death	13.4	12.6	13.3	-	14.0
Tuberculosis - Respiratory	0.05	0.03	0.05	0.06	0.00
Other	0.01	0.00	0.01	0.01	0.00
All Forms	0.06	0.03	0.05	0.07	0.00
Cancer	2.14	1.65	2.0	2.18	2.77
Vascular Lesions of the Nervous System	1.97	1.52	1.84	*	1.39
Heart and Circulatory Diseases	4.84	3.87	4.56	*	5.34
Respiratory Diseases	1.62	1.25	1.52	*	1.39
Maternal Mortality	0.09	0.45	0.20	0.35	-
Infant Mortality	22.8	24.6	23.3	21.4	36.8
Neo-natal Mortality	15.3	16.5	15.7	15.1	18.4
Stillbirth	18.0	19.6	18.5	18.1	18.1

* Figures not available.

The Infant and Neo-natal Mortality Rates are per 1,000 live births. The Maternal Mortality and Stillbirth Rates are per 1,000 live and stillbirths. The remaining rates are per 1,000 estimated home population.

VITAL STATISTICS.

The estimate of the population of Queensbury and Shelf is the mid-year estimate of the Registrar General. His estimate is 9,370 compared with 9,290 for 1961. He considers, therefore, that the population has increased by 80.

Birth Rate.

The crude birth rate for the year is 17.4 per 1,000 of the population. This compares with the rate of 20.1 for 1961. To compare the birth rate with any degree of accuracy with that of the country as a whole, it is necessary to adjust the crude birth rate by multiplying it by the area comparability factor. Every district varies as to the distribution of population among the sexes, and in age ranges. The area comparability factor is an attempt to standardise our sex and age range with that of the country as a whole. Our area comparability factor is 0.96, which means that with our present sex and age range, the crude birth rate has to be adjusted downwards to bring it into line with the country as a whole, and our corrected birth rate is 16.7. This compares with an adjusted birth rate for the Administrative County of 17.8 and a birth rate for England and Wales of 18.0.

There were eight illegitimate births, all live, representing 4.9 per cent of the total live births and an illegitimate birth rate of 0.8 per 1,000 of the estimated population.

During the year, there were three still births. This gives a rate of 18.1 per 1,000 (live and still) births. The County rate is 18.5 and the rate for England and Wales is 18.1, the same as ours.

Death Rate.

The death rate for the Urban District is 13.3 per 1,000 of the population. This is 0.2 above the rate for 1961. The comparability factor for obtaining the adjusted death rate is 1.05 and using this factor we have an adjusted death rate of 14.0. This compares with an adjusted death rate of 13.3 for the Administrative County and 11.9 for England and Wales.

The chief causes of death this year were, in order of frequency:-

1. Diseases of the Heart and Circulation - 50 (33).
2. Malignant Disease - 26 (18).
3. { Pneumonia, Bronchitis, Influenza and other
Respiratory Diseases - 13 (26).
(Vascular Lesions of the Nervous System - 13 (14).

(Last year's figures are given in bracket.)

Infant Deaths.

There were six infant deaths in the Urban District of Queensbury and Shelf during 1962 and the infant death rate is 36.8 per thousand live births. The infant death rate of 36.8 compares with the rate for the Administrative County of 23.3 and for England and Wales of 21.4.

Two of the six infant deaths occurred within the first week of life and so were perinatal. The perinatal deaths are the total of deaths in the first week of life and stillbirths and are some indication of hazards to the foetus on the new born baby during pregnancy, labour and delivery. They are often due to intra uterine causes. The perinatal mortality rate of 24.1 compares with the rate of 26.6 for last year and the rate for the Administrative County for 1962 of 31.5.

Both the babies who died in the first week of life were born prematurely. Another infant death was within the first month of birth so that our neo-natal death rate was 18.4 compared with 21.4 last year.

The child who died within the first month suffered from congenital deformity and died of a respiratory infection. A child of three months died following inhalation of its food. These deaths are always very unfortunate and sometimes seem to occur even with the most careful management. They represent one of the hazards in the home and the practice of propping up the feeding bottle and leaving it in the child's mouth cannot be deprecated too strongly.

There was another death from respiratory infection at the age of four months. The remaining child died at four months of Congenital Heart Disease.

Table 3 gives details of the infant deaths and the ages at which they occurred.

TABLE 3.
CAUSES OF INFANTILE MORTALITY IN QUEENSBURY AND SHELF URBAN DISTRICT, 1962.

Cause of Death.	Under 24 hours.	1 - 7 days.	8 - 14 days.	15 - 21 days.	22 - 28 days.	1 - 3 months.	3 - 6 months.	8 - 12 months.	Total
Congenital Heart Disease	1	1	1	1	1	1	1	1	1
Vagal Inhibition due to . Inhalation of Feed	1	1	1	1	1	1	1	1	1
Pneumonia	1	1	1	1	1	1	1	1	2
Prematurity	1	1	1	1	1	1	1	1	2
Totals	1	1	1	1	1	1	3	1	6

Premature Births.

There were fifteen children born prematurely during the year who were $5\frac{1}{2}$ lbs. or under in weight at birth.

TABLE 4.
TABLE SHOWING BIRTH WEIGHTS OF PREMATURE INFANTS.

Domiciliary.

Birth Weight. lbs. ozs.	No. of Infants.	No. of Infants who survived		
		24 hours.	1 - 7 days.	1 month
5 8	2	2	2	2
4 1	1	1	1	1
4 0	1	1	1	1
Totals:	4	4	4	4

Institutional.

Birth Weight. lbs. ozs.	No. of Infants.	No. of Infants who survived		
		24 hours.	1 - 7 days.	1 month.
5 8	2	2	2	2
5 6	1	1	1	1
4 $10\frac{1}{2}$	1	1	1	1
4 9	1	1	1	1
4 $1\frac{1}{2}$	1	1	1	1
4 2	1	1	1	1
3 11	2	2	2	2
3 7	1	1	1	1
1 7	1	1	1	1
Totals:	11	10	9	8

There were no maternal deaths in Queensbury and Shelf during the year.

TABLE 5.

BRIGHOUSE AMBULANCE STATION.

STATISTICAL RETURN FOR THE PERIOD JANUARY - DECEMBER, 1962.

PATIENTS:	JAN.	FEB.	MAR.	APR.	MAY.	JUNE.	JULY.	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL.
a. Out-Patients.	1,009	910	1,256	1,063	1,355	1,048	1,207	1,185	1,136	1,311	1,305	1,185	13,970 (13,843)
b. Admissions.	231	176	198	186	172	152	164	156	169	185	179	190	2,158 (1,988)
c. Discharges.	57	52	68	57	54	62	69	88	58	70	66	61	762 (659)
d. Transfers.	42	15	18	18	11	20	7	9	13	12	12	13	190 (181)
e. Accident Patients.	51	53	40	39	52	76	54	58	38	74	54	60	649 (620)
	1,390	1,206	1,580	1,363	1,644	1,358	1,501	1,496	1,414	1,652	1,616	1,509	17,729 (17,291)
Stretchers.	313	242	254	246	271	297	226	282	254	283	272	291	3,231 (2,688)
Sitting Cases.	1,077	964	1,326	1,117	1,373	1,061	1,275	1,214	1,160	1,369	1,344	1,218	14,498 (14,603)
Emergency Patients.	122	85	90	83	65	82	73	78	98	98	81	81	1,046 (1,033)
MILES.	10,109	8,929	10,845	8,986	10,704	9,912	10,194	10,014	9,265	10,885	19,588	9,240	119,671 (119,385)

General Provision of Health Services for the Area.

Laboratory Facilities.

The Public Health Laboratory, Bradford, continued to receive clinical material and milk samples for bacteriological examination, while chemical analysis was carried out by Messrs. Lea and Mallinder, Public Analysts, Halifax.

Divisional Ambulance Service.

The particulars of the cases transported during the year are appended in Table 5. The figures are given monthly, and the total for last year is appended in brackets after the total in each line. This table applies to the whole Division. It has not been possible to split the Divisional figures to give the figures for Queensbury and Shelf alone.

Nursing in the Home.

The Home Nurse made 2,931 visits to 103 cases during the year.

Full collaboration has been maintained with the hospital service and with the General Medical Practitioners under whose direction the District Nurse works. It will be noted that 800 more visits were made to 20 fewer cases. This indicates that more visits were made to each case, an increasing number of old people having been on the District Nurse's list. If the Hospital Plan is implemented and the number of beds for old people is not to be increased in the next ten years, obviously more Home Helps will be required and more demands will be made on the District Nurse for the care of old people.

Home Helps.

There were 61 cases in Queensbury and Shelf being provided with a Home Help at the beginning of 1962, and 48 new cases were attended during the year. At the end of the year, 68 cases were still being attended.

Of the 109 homes attended during the year, domestic help was provided for 74 old people as compared with 68 in 1961. Domestic help was also provided in 19 cases where the housewife was ill, and in 16 maternity cases.

During 1962, there were 21 women working as Home Helps in Queensbury and Shelf and altogether they worked 17635 hours. Of these hours, 16814 were spent helping old people.

Chiropody Service.

The Chiropody Service commenced in 1960 and is greatly appreciated by the old people of the district. The Service is free for all pensioners. This means that women of sixty are able to have chiropody treatment whereas men are not eligible until they are sixty-five. Women of sixty generally are very active and perhaps some of them who attend could manage to look after their feet themselves but many young women are used to having chiropody treatment and of course their feet have often been subject to unsuitable footwear for a considerable time.

We have been fortunate that we have been able to maintain the service as a direct service with a well-qualified chiropodist. At first, the numbers attending increased regularly but this year we had 188 patients as compared with 189 last year. The number of treatments given this year was 1052, compared with 887 treatments last year, the reason being that for the whole of the year the same chiropodist was in attendance, whereas, unfortunately, in 1961 we had a gap in treatment between chiropodists.

In Queensbury and Shelf, 139 patients attended clinics, a further 49 having treatment in their own homes. Those attending the clinics made almost the maximum attendances despite the bad weather, which shows how much the treatment is appreciated. The old people have now got used to the appointment card and we did not have the same difficulty in persons forgetting their appointment and coming up on the wrong day.

The Chiropody Service now seems to be running smoothly as one of the accepted services of this department.

Health Education.

The most important method of health education is that of person to person. Individual contact with individual people and the passing on of advice by someone whose judgement is respected is obviously the best method of health education. Posters, however, telling the facts and pointing the lessons must have some effect and group teaching, combined with group discussions, we believe, are helpful.

The great difficulty about grouped health education is that the people most likely to benefit are those who least need educating. When health education hits at well established customs and prejudices it seems to meet with little, if any, response, and many people have not the "ears to hear".

We made a special drive at the end of the year before the Christmas holidays in trying to put over, particularly to the young people in the schools, the dangers of cigarette smoking, and we had a visit from the Ministry's mobile unit staffed by two graduates. The visit was prepared by the showing of films. We were helped by the Queensbury Civic Society, who arranged a special meeting so that this could be put over to the public. Although the children in the schools listened politely, we felt that the best impact was perhaps made in the junior schools. Junior children who had not cultivated the habit made quite an impact at home and several parents complained that the children had asked them questions about how many cigarettes they smoked and had discouraged them from smoking even to the extent of knocking cigarettes out of their hands. Some of these children took great pleasure in this criticism of their parents. I wish I could say that the older children took this criticism to heart themselves. Many of the children now smoke before they arrive at the Secondary Modern Schools and many of these are not discouraged by their parents from smoking.

Following the Exhibition of 1961, the Home Safety Committee did not this year have the same scope. Obviously, an exhibition of this kind can only be held at intervals but posters were continuously displayed in the district and a special shop window display was held in February, and at the end of the year we visited the old people at the Wednesday Club, giving them an outline by film and a talk on the dangers in the home.

A great deal of health education goes on in the schools. We are extremely grateful for the help of all the teachers in all our efforts but especially in our special drives to stress the dangers in the home and in cigarette smoking.

I consider that one of the principal duties in health education is that in the domestic science branch when children are shown how to prepare a balanced meal. Most children in Queensbury and Shelf come from good homes where the mother prepares sound, solid, sensible meals but there are some, particularly girls, who are not so fortunate and where the tin-opener and the fish and chip shop provide a very large part of the family sustenance. Without the teaching in the schools some girls would have very little idea of how to prepare an economical and well-balanced meal. Unfortunately, some of these children have two standards, the standard in school and the standard at home. In one, on ordered methodical lines with scrupulous cleanliness, good materials and first-class equipment, a beautiful meal is prepared, and in the other, the only equipment is dirty, only the top of the stove is used, and a tin opener is the major item in daily use. Old pans and other less efficient equipment might bring the two worlds of the older female school children close together.

I think there is a good deal to be said for the teaching of children in the schools how to cook a satisfying meal with equipment which is somewhat out of date.

Obviously, this cannot be the sole form of teaching for the majority nowadays start life with well equipped homes, and girls from problem families, too, should know what optimum conditions to strive for, but the teaching of of this minority is very important for they do not learn at home. Indeed, they can be said to unlearn at home, and to be inclined to dismiss optimum conditions as impossible of attainment. It is important that these girls should understand that what they are taught in a school has its practical application at home. Their difficulties are manifold all through their school

life. There is little encouragement to read for a child who never sees its parent reading. Other children soon learn to regard them as different, and unless we are careful, children and especially female children have already accepted the role of the problem family progenitor before they leave school.

These children are helped considerably by the kindness and encouragement shown to them by the many fine people who teach them, and the schools are their chief source of enlightenment during their important formative period.

It is little use giving a lesson on proteins, fats, carbohydrates and vitamins without the practical application of this teaching. The Health Visitors in the home try to impress the parents but as with our anti-cigarette campaign, we feel that the best approach to problem families and to cigarette smoking is the preventive one. No time is wasted that is spent on teaching the parents of tomorrow the dangers of today.

Clinics and Treatment Centres.

The Table of Clinics and Treatment Centres is appended in Table 6.

We have no purpose-built clinics in either Queensbury or Shelf but the Queensbury Clinic was adapted by the County Council from the old billiard room at the Victoria Hall and serves as an example of co-operation between the County and the District Councils. This clinic is well used and presents excellent accommodation.

The Clinic at Shelf is held in the Church Hall, which is centrally situated in Shelf village. Unfortunately, the population of Shelf would not justify a purpose-built premises. There is no building suitable for adaption.

Consultant clinics are held at Brighouse at the central School Clinic. This is a converted house which is reasonably satisfactory but plans are in hand for the building of a new purpose-built central clinic.

HOSPITALS.

Infectious Diseases.

Cases of infectious diseases were admitted to the Northowram Hall Hospital and the Leeds Road Isolation Hospital.

Tuberculosis.

There is now little delay in the admission of cases of Tuberculosis to hospital and modern drug treatment and an improvement in preventive measures are making steady inroads on the disease. Fortunately, this year, only two patients had to be admitted to hospital.

We must not, however, be too complacent, for Tuberculosis is still present in the community and of recent years new cases of Tuberculosis in older men have been a country-wide feature. These cases are often due to the break-down of an old infection when the body resistance is lower, and the mass radiography service has been helpful in picking out new cases.

With B.C.G. vaccination and greater contact tracing, we shall conquer this disease. In the meantime, it is essential that a sufficient number of beds are ready for its treatment. It is not so very long ago that there was an extensive waiting list for this disease. This waiting list not only meant that patients were not having specialist sanatorium treatment but that active cases were remaining in the community as a source of infection.

There are two aspects to the removal to hospital of patients suffering from this disease. The main reason for the patient's removal to hospital is so that he may have active treatment under optimum conditions. The removal of active cases from the community is also necessary as a preventive measure.

Maternity.

The hospital accommodation provided for maternity cases is excellent in this area. About one-quarter of our cases go to Bradford but the majority are

delivered in the Halifax General Hospital. All maternity work in the Halifax area is now centralised at the Halifax General Hospital. This Hospital also provides us with a "Flying Squad" for the provision of blood transfusions and emergency treatment at home in cases of home confinement. We have received full information regarding mothers and babies when they are discharged from hospital. Patients from Bradford are discharged home earlier and our domiciliary midwife continues to visit them until the tenth day.

Old People.

There is still a great shortage of hospital accommodation for old people. Some old people have to be admitted to hospital in Bradford but the vast majority go to St. John's Hospital, Halifax. This Hospital is always full and always has a substantial waiting list. Many of the old people who require hospital admission require it urgently and it is sad indeed that old people living alone and requiring skilled nursing attention have to remain for long periods before being admitted. Other old people who have relatives who are willing to make substantial sacrifices to look after them have even less chance of early admission.

MATERNITY AND CHILD WELFARE.

Health Visitors.

Even today, everybody does not appreciate how well qualified these ladies are. Not only are they State Registered Nurses and qualified Midwives, but they have had special training in social medicine. Their duties include giving supervision and help to the weakest members of the community, namely, the young baby and the old person and the family with problems. They also include work in the School Health Service.

Our Health Visitors in Queensbury and Shelf have been with us a long time and now know the district and their families very well. They are not only experienced people but they are experienced in the district in which they serve, and I often think that to be really useful, a Health Visitor needs to have spent at least two years in the district.

Despite the often good advice given in the many women's journals and newspaper articles, on radio and television, the demand for information by young mothers of today cannot be properly met without a fully-staffed Health Visiting Service, and the Health Visitor also plays an important part in helping and advising the elderly. She gives encouragement to many, tactful admonition to a few, and helpful advice wherever it is needed. Her influence ranges from ante-natal care to the last years of life, and she is expected to advise all members of the family on any subject which has a medical or quasi-medical aspect.

With the present emphasis on illness, fostered by the provision of free treatment for all under the National Health Service Act and by talks, articles, plays, films, television scripts and documentaries with doctors and nurses as important characters, it is inevitable that much of her time is spent on re-assurance. The re-assurance of the young mother who has heard, perhaps, too much apparently conflicting advice and who may be inclined to treat the baby as less robust than he really is and may be afraid, is an important part of her work. Much of this anxiety prevails, and misplaced anxiety is relieved by the early health visiting of the over-anxious girl, who soon becomes an excellent parent.

We must not forget, however, that there are certain families whose standard of care falls well below accepted modern standards. These are designated as problem families. We have few in this town but these few demand an exceptionally large amount of health visiting time. There are many other families which, without the Health Visitor's close attention, might become problem families. Apart from these, there are an increasing number of families with a problem; families who show signs of early mental ill-health. As a remover of worries and smoother-out of difficulties, and, indeed, as a means of prevention of Psychoneurosis, the Health Visitor has no equal today.

As the standard of child care has improved over the years since the passing of the National Health Service Act, the Health Visitor's duties have altered. In the early days she was by no means always a welcome visitor.

TABLE 6.

CLINICS AND TREATMENT CENTRES

NAME	LOCATION	WHEN OPEN.
Child Welfare Clinic	Victoria Hall, Queensbury.	Every Tuesday 2 p.m. to 4 p.m.
Child Welfare Clinic	Witchfield Chapel, Shelf.	Every Monday 2 p.m. to 4 p.m.
Combined Ante-Natal and Post Natal Clinics	Victoria Hall, Queensbury	Fridays fortnightly 2 p.m. to 4 p.m.
Artificial Sunlight Clinic	Witchfield Chapel, Shelf.	Mondays 1.30 p.m. to 2.0 p.m.
" "	Queensbury Clinic	Tuesday & Fridays 11.0 a.m.
" "	Shelf Clinic	Monday 10.0 a.m.
Diphtheria Immunization) Poliomyelitis Vaccination)	Carried out at Child Welfare Clinics.	
Dental Clinics	Bonegate House, Brighouse	By appointment
Chest Clinic	Royal Infirmary, Halifax	Out Patient Department, Tuesday, Wednesday, and Thursday 9.15 a.m. to 12 noon.
Venereal Diseases Clinic	Royal Halifax Infirmary	Mon. 10-7 p.m.; Tues. 10-8 p.m. Wed. 10-1p.m. Thurs. 2-6.45 p.m.; Fri. 10-7p.m.; Sat. 9-12 noon
Consultant Clinics, Ear, Nose, and Throat, Ophthalmic & Orthopaedic) Orthoptic Clinic	Brook House, Atlas Mill Road Brighouse. Brook House, Atlas Mill Road, Brighouse.	By appointment. By appointment bi-weekly
Psychiatric Clinic	Brook House, Atlas Mill Road, Brighouse.	Tuesday 2 p.m. (By appointment)
Speech Clinic	Victoria Hall, Queensbury	Fortnightly by appointment.
Chiropody Clinic	Victoria Hall, Queensbury, Witchfield Chapel, Shelf.	Every Thursday 9.30 a.m. to 12 noon Mondays, fortnightly, 9.30 a.m. to 12 noon.

Today she is universally accepted, even by the problem families. The high nutritional standard attained by the provision of satisfactory dried milks and the provision of vitamin supplements has eliminated much disease and much infantile digestive upset. Increased knowledge of illness by the general public without an adequate physiological basis, and the increased tempo of modern life, have increased the number of anxious parents and the amount of psychosomatic illness. The Health Visitor who visits normal persons is often the first person to be able to give advice and to prevent this type of illness. When once established, the general practitioners know these families only too well but the Health Visitor calls before the Family Doctor has been called in, and increasingly she and the Family Doctor must work together. The Health Visitor is also able to give group training in health education and to correct false impressions by group discussion.

With the fall in disease in the child, home accidents have become of greater relative importance as a causation of death and illness, and there have been many instances where the visit of the Health Visitor may have prevented a serious home accident. The Health Visitor is able to advise on all the voluntary and local authority agencies available. She is in touch with the Children's Officer, the Officer of the N.S.P.C.C., the National Assistance Officer, and the Housing Manager. She often, in these days of forms for everything, helps the mother to enter all the necessary particulars and many of them need this help. In the foreseeable future, the Health Visitor will have an increasing part to play in the Health Service of this town.

The number of visits made by the two Health Visitors in the Queensbury and Shelf area is given below:-

	<u>No. of Visits.</u>
Expectant Mothers	6
Children under 1 year	149
Subsequent visits to children under 1 year	574
Children between 1 and 5 years	741
Other cases (old people, problem families etc.)	778
Total:	<u>2248</u>

Ante-Natal Clinics.

Two ante-natal clinics were held at Queensbury and two at Shelf each month. Of the 106 patients attending during the year, 84 were new cases. Altogether 615 attendances were made at the two Clinics.

There were 166 total births during the year, so that approximately two-thirds of expectant mothers attended our ante-natal clinics, and all the others received ante-natal care either from their own Doctor or from the Hospital. Seventy patients were delivered at home, the remaining 96 being delivered in hospital.

No special post-natal clinics are held as the patients post-natally return to the hospital where the confinement took place, or to their own Doctors, for a post-natal examination but when this has not been arranged, patients have a post-natal examination at the ante-natal clinic. Only three patients attended for post-natal examination this year.

Relaxation Clinics.

Special relaxation clinics continued to be held for expectant mothers. These classes are particularly valuable in first deliveries and we often have difficulty in persuading mothers who have had children before to attend because of the difficulty in arranging for the care of the children. As most first babies are born in hospital, the numbers attending these classes are relatively few but we have had excellent reports from the hospital of the results. Twenty-eight women attended and made 134 attendances.

Domiciliary Midwifery.

Miss Jenkinson and Miss Duckworth have continued to be responsible for domiciliary midwifery, Miss Jenkinson working in the Queensbury area and Miss Duckworth in Shelf. The work done by the Midwives is set out in Table 7 below:-

TABLE 7 -- Work done by Midwives during 1962.

Labours conducted:

(a)	As Midwives	70
(b)	As Maternity Nurses	-
(c)	Total	70
	Ante-natal visits	369
	Post-natal visits	1093

Infant Welfare Centres.

Table 8 below gives the attendances at the respective Infant Welfare Centres in 1962 :-

TABLE 8 -- Attendances at Infant Welfare Centres in 1962.

Infant Welfare Centres.	Number of Children who attended during year.	Number of Children who first attended during the year and who on the date of their first attendance were under one year of age.	Total number of attendances made during the year	
			Under 1 year of age.	Over 1 year of age.
Queensbury	216(224)	102(111)	1541(1679)	466(561)
Shelf	135(136)	37(55)	789(1041)	435(326)

(The figures for the previous year are given in brackets).

MENTAL HEALTH.

There were again many difficulties encountered in maintaining an efficient Mental Health Service in the community. Most of these were staffing difficulties. It was not until June that the vacancy for a mental welfare officer in the Division was filled, and when the Officer ultimately took up duties a backlog of routine work had accumulated for it had only been possible to undertake work of a pressing and urgent nature. During the whole of this time, we had been exceedingly hard-pressed to staff the various out-patient clinics in the Area and with which the Division is associated. To add to our difficulties, during the year the Psychiatric Unit was opened at Halifax General Hospital and our Divisional Mental Welfare Officers became responsible for the necessary social work in respect of patients from the Division who were admitted to the Unit. Although there is a close liaison between them and the Hospital Almoner in respect of mental health cases who are to be seen outside, it is obviously better for the Mental Welfare Officer himself to carry out most of the social work that arises. The Psychiatrist also took the Mental Welfare Officer on many of the domiciliary visits. In this way, the Mental Welfare Officers came into early contact with patients' relatives and patients' own Doctors, and so were able better to form effective relationships. I believe that the basis of all successful mental welfare work is in effective relationships so that although in many ways the employment of Mental Welfare Officers on domiciliary visits and with social work on patients in hospital is time-consuming, it appears to me to be time well spent.

Outpatient Clinics.

In addition to the Brighthouse Psychiatric Clinic held at our own premises, there are three sessions devoted to clinics each week at the Halifax General Hospital, and some patients tended to gravitate to this Psychiatric Clinic rather than to our own Brighthouse Clinic, as with the present bus service based on the County Borough, it is often easier of access. It may be that with the Unit at the Halifax General Hospital and units envisaged in other general hospitals, more and more patients will attend the Hospitals rather than our Brighthouse Clinic.

Sixty-one new patients were referred to the Brighthouse Clinic this year, as compared with sixty-five last year. They made a total of 448 attendances. A change in Psychiatrists occurred when Dr. J. S. Hughes succeeded Dr. N.V. Wilkinson. Figures for this clinic for the three previous years were as follows:-

	1961.	1960.	1959.
New patients referred	65	77	67
Total attendances	486	424	295

At the Halifax General Hospital Out-Patients Clinic, 41 new patients from this Division (mainly from Elland) were seen last year, so that a total of 102 new patients attended the Out-Patients Clinics in this area. There is a two-way flow of patients at this Hospital between the Psychiatric Unit and the Out-Patient Department, and it may well be that this is the pattern of the future, where, as in other specialities, patients attend the Hospital as out-patients, are admitted, and receive their after-care as out-patients. I believe there is, however, still a place for the Brighthouse Clinic. Until the services in the General Hospitals has been further developed, this will continue. Some of our patients attend at Bradford for Psychiatric treatment, but most of them attend the Brighthouse and Halifax Clinics.

Psychiatric Ward.

The Psychiatric Ward at the Halifax General Hospital, which I have referred to above, received 21 patients from this Division in the latter half of 1962, and this Hospital is to be congratulated on opening its doors to mental illness, which will I hope, more and more be regarded as an illness from which people recover and return to their relatives, friends and work as fully integrated personalities. As with other illnesses, it must not be forgotten that some patients, when discharged, are not completely better and need help and understanding.

Mental Welfare Officers.

Dr. Ropschitz, the Consultant Psychiatrist, who is attached to the Halifax Psychiatric Clinic, contributes the following helpful comment on the work of the Mental Welfare Officers :-

Your Mental Welfare Officers are doing very valuable and helpful work both at the Outpatients as well as at the Psychiatric Unit at the Halifax General Hospital. Their activities include the taking of social histories of new referrals and I have arranged that these are taken prior to the patient arriving at the interview

- (a) because the Mental Welfare Officers can form a better opinion if seeing the patient at home, and
- (b) because the report is ready for me at a time it is most useful, that is to say, when the patient comes for his first interview with me.

They have done very good work at the Unit, furnishing social case histories on recent admissions, arranging for interviews with patients' relatives, and helping in the re-uniting of married couples who have fallen out for one reason or other. The Mental Welfare Officers attend the Therapeutic Social Club, which enables them to keep in touch with a large number of patients, etc.

I do believe that domiciliary visits of Mental Welfare Officers along with psychiatrists, are the most logical and useful thing because the Mental Welfare Officers gain by assisting at the examination of the patient by the psychiatrist, and because things can be decided right away on the spot. The aim of domiciliary visits is to reduce and not augment the number of admissions and if both the Psychiatrist and Mental Welfare Officers see the patient in his habitual environment it is easier to decide whether to follow up at home is advisable and practicable.

Mental Health Prevention Service.

The total number of patients referred to the Service in this Division from all sources during the year was 217, the sources of these referrals being -

From general practitioners	72
From Hospitals (following treatment)	37
From local education authorities	10
From police and courts	23
From other sources (relatives, other agencies)	34
From out patients clinics	41
	217

Of the total patients referred to above, 80 patients entered hospital under the following Sections of the Mental Health Act, 1959:-

Admitted informally (Section 5)	47
Admitted for observation (Section 25)	3
Admitted for treatment (Section 26)	3
Admitted for emergency period of observation	27
	80

In addition to the 80 patients admitted to hospital, several other patients have been admitted informally without our knowledge, as it is not the hospitals' normal practice to inform us when patients are so admitted. Sometimes we learn of them when after-care is necessary, but if no after-care is necessary, there is perhaps little point in informing us and the hospital, by so doing, might destroy some of the confidence the patient has in the confidential nature of their illness.

This makes a subsequent visit to the patient by the Mental Welfare Officer rather more difficult for the early history is not always forthcoming and from our point of view it might well be more helpful if we could know of any history of mental illness for which hospital treatment has been necessary.

Divisional Training Centre.

The Junior Training Centre ran very smoothly during 1962, and there were no untoward difficulties. On the whole, the attendance was remarkably good.

At the beginning of the year, there were thirty-four on the register. Six were admitted and five discharged, so that at the end of the year there were thirty-five on the register. Thirty of the children belonged to this Division, and five children, two boys and three girls, were children from our neighbouring Division 19.

Of the discharges, one a girl of over sixteen, was found employment; two boys over sixteen were admitted to Bradford Industrial Centre; a spastic boy was admitted to permanent institutional care, and a girl over sixteen removed from the area.

Of the admissions, one, a boy of five, was from Sowerby Bridge; two more were boys of five and six respectively, and a fourth was a little mongol girl. A boy of nine, who had been truancing from his special school, was admitted, and since attending he has been happier and has presented no problems. A girl of thirteen who was found to be ineducable at a special school, was also admitted.

Social activities during the year included a day trip to Chester Zoo, which was greatly enjoyed by all. The Christmas Party took place in December and was attended by the Mayor and Mayoress of Brighouse and County Councillor Mrs. Mitchell. The children appeared to have a very happy time and the supervisor displayed her usual flair for decoration.

Two of the children spent a holiday in Whitby at the end of June, under the County Scheme, and enjoyed the holiday very much. One of the boys who had been particularly difficult and had had a short-stay care before proceeding to Whitby, seemed to be more manageable after his return from holiday to the family circle.

The Training Centre continues to be a very happy place, due in no small measure to the efforts of the Supervisor and her staff.

A new Training Centre, with an adult department, is scheduled to be built in 1964. The adult department is badly needed for there are seven adult females at present attending the Centre and four adult males are travelling to a training centre in a neighbouring County Borough, and several of our male children are themselves approaching adult years.

Mental Deficiency.

Regular visits were made by the Mental Welfare Officers to all defectives in the area who are under our care. The figures given in the report are for the whole division; it has not been thought desirable to split them into different districts. The number of defectives under our care at the 31st December, 1962, was as follows :-

Males under 16 years of age	12
Females under 16 years of age	10
Males over 16 years of age	33
Females over 16 years of age	26

The following are the particulars of the fifty-nine adults under our care at the end of the year :-

Thirty-six defectives (twenty-four males and twelve females) were in regular gainful employment, five males being employed in the textile industry,

fifteen as labourers, one as a farm labourer, one as a builder's labourer, and two working for their fathers. Of the females, nine were employed in the textile industry, two on shop work and one on laundry and domestic work. Four female defectives were occupied at home in household tasks and handwork, and two male defectives assisted in the home. Two female defectives are suffering from crippling defects which prevent their employment, and another five defectives (three males and two females) did not follow any occupation. Four males over sixteen attended an industrial centre, and six females over sixteen attended our training centre.

Of the twenty-two children, nineteen (ten males and nine females) attended the Training Centre. One female child who is severely sub-normal is being cared for at home with regular periods of short-stay care in hospital, and two males, aged fifteen, are in regular, gainful employment.

Social and Therapeutic Clubs.

(1) Club for Mentally Retarded Patients.

Some time ago, Miss Wroe, the Mental Health Social Worker, ran a Club for girls under supervision. There were few girls in this division who were both able and willing to attend and the Club took girls from Division 19 as well as our girls. The choice of a suitably situated premises is difficult, its suitability changing over the years, according to where the members of the Club live. To cater for both divisions, the most convenient centre is undoubtedly Halifax and we are glad to know that the Halifax-Brighouse and District Society for Mentally Handicapped Children are planning a club in the County Borough for our mentally retarded patients. With patients from Halifax and this division, there should be sufficient members to form an effective unit. The number of patients likely to attend from this division alone is insufficient to make it a success. Mentally subnormal patients have not been encouraged to attend the Halifax Psychiatric Club, which caters only for the mentally ill and not for the mentally subnormal. It is, perhaps, not very practicable to have a Club catering for both kinds of people, although it has been tried successfully elsewhere. In some cases it would appear that mentally backward people, who are only different quantitatively from the normal, might well be adaptable to Club life but mentally ill people whose illness can take so many different aspects are not always helped by dilution with the mentally subnormal, and the mentally subnormal might well find discussions and activities out of their depth and frustrating.

(2) Club for the Mentally Ill.

The 4 U Club is a therapeutic social club held at Halifax and conducted by the local Consultant Psychiatrist, Dr. Ropschitz, each week, and is attended by patients from our neighbouring Division No. 19. and from the Halifax County Borough, as well as by patients from this Division. It is now nearing the end of its second year and is well established.

The following information is contributed by the Senior Medical Welfare Officer :-

"Some fifty patients resident in this Division are members of the Club. Though by no means all patients attend each week, there is a good attendance at each meeting of the Club.

"The emphasis is basically therapeutic and the membership selective. No subnormal patients attend and all members (patients) are under psychiatric care, having been inpatients at Storthes Hall or the Halifax General Hospital Unit, or having attended at the latter Hospital Clinics.

"There is always at least one West Riding Mental Welfare Officer present on Club nights and he is available to any patient residing in the County's area.

"Considerable importance is attached to serious discussion of common social problems and frequent talks by the Psychiatrist on various mental mechanisms and manifestations. Every encouragement is given to patients to express themselves on these topics and facilities are available to pursue any particular trend of thought on a personal level or in small

groupings in an ante-room. Subjects are frequently illustrated by films to enlarge and stimulate discussion. A certain amount of group-therapy is practised on a limited scale and some patients speak appreciatively of this, others looking upon this aspect of the Club's activities with a certain amount of reservation. But for the fact that the attendance at each meeting is sufficiently large to permit some degree of withdrawal of an individual from a specific activity, the therapy practised at this Club could mitigate against success in some cases.

"Some part of each evening is given up to social pursuits - dancing, music, card games, etc. - and from time to time special efforts are held when the whole evening is given up to entertainment.

"The Club provides a convenient meeting place for patients and staff alike and a small number of patients are regarded as attending in lieu of clinic sessions."

SANITARY CIRCUMSTANCES IN THE AREA.

Water Supply.

Bradford Corporation are now responsible for the supply of water to this Urban District. Until October, water was supplied in bulk by Bradford Corporation, and filtration and sterilisation processes given prior to delivery to the following six points :-

Mountain	-	Queensbury.
Albert Road	-	Queensbury.
Stags Head	-	Queensbury.
Soaper Lane	-	Shelf.
Cooper Lane	-	Shelf.
Halifax Road	--	Shelf.

All the water feeds by gravity from Bradford except for the Mountain supply and here the water is pumped into two covered storage tanks each of 400,000 gallons capacity. These tanks, completed last year, are built inside the original reservoir. For the Mountain village only, the water is pumped out of the tanks into the water tower where an automatic pressurized air vessel raises the water level to reach Mountain Villas and California Row.

The exceptionally severe winter made for difficulties and left difficulties behind it. The resources of a small Urban District do not permit of a wholesale replacement of mains, and many of the mains in Queensbury and Shelf were put in at the same time and have become ripe for relaying. Since the transfer of the water undertaking to Bradford, a survey of the watermains has been carried out and it has been found that the majority of them are very heavily encrusted and will eventually have to be relaid.

Complaints of rust in the pipe were frequently received, due to the freezing out and subsequent thawing of water pipes and the displacement of incrustation.

Sewerage and Sewage Disposal.

Sewerage.

I am indebted to Mr. J.F. Hall, the Council's Engineer and Surveyor, for the following information regarding sewerage and sewage disposal, and for the notes on post war building of Council houses.

The sewage system within the Urban District has functioned satisfactorily, there having been no serious blockages.

Shibden Head Sewage Disposal Works.

The sewage is treated at the works which consist of detritus tanks, settling tanks, percolating filters, land filtration, and humus tanks.

No adverse reports on the operation of these works were received during the year.

COUNCIL HOUSING.

Current Development.

Work was in progress on the erection of 46 Old People's bungalows on the New Park Road site and on the erection of 30 similar dwellings on the Cockhill Estate.

Post-War Dwellings erected or under construction at 31st December, 1962.

	<u>Houses.</u>	<u>Flats.</u>	<u>Bungalows.</u>
<u>Queensbury.</u>			
Moorclose site	23	-	-
Hungerhill	50	68	-
Albert Crescent		-	16
Russell Avenue	1		
New Park Road			76
	20.		

<u>Shelf.</u>	<u>Houses.</u>	<u>Flats.</u>	<u>Bungalows.</u>
Burned Road Estate	34		
Westcroft Avenue	8		
Cockhill	36	24	50
	<hr/>	<hr/>	<hr/>
Total	152	92	142
	<hr/>	<hr/>	<hr/>

Queensbury & Shelf Urban District Council.

Existing Estates.

This Council now owns 427 Properties and a further 76 bungalows are under construction. The estate roads and sewers have also been completed for another 86 three bedroomed and two bedroomed houses on Hillcrest Estate. The estates are scattered throughout the urban area with the largest concentrations on the Hillcrest Estate, Queensbury and the Belle Vue Estate, Shelf. There are still Waiting Lists for accommodation at both Queensbury and Shelf, but the demand is greater in the Queensbury area and even after the 46 new bungalows at Ashbourne Crescent are occupied there will still be a long waiting list for Old Persons' bungalows at Queensbury.

I set out below a table showing the number of properties on the various estates and the rentals charged :-

Situation.	No. of Houses.	Net Weekly Rent.	Gross rental (50 weeks collection).
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OLD PEOPLE'S BUNGALOWS.

		s.	d.	s.	d.
Albion Street	8	8	2	13	1
The Grove	10	8	2	13	1
Burnside	20	8	2	13	1
Belle Vue Crescent	20	14	7	19	9
Albert Crescent	16	14	7	19	9
Ashbourne Crescent	30	14	7	19	9

HOUSES

Russell Hall Lane	6	20	2	28	8
(Non parlour type)		to 20	8	29	7
Russell Avenue (Parlour)	6	22	0	31	8
do (Non parlour)	6	18	8	26	2
Russell Road (Parlour)	12	20	2	28	8
		to 22	6	32	8
do (Non parlour)	2	18	8	26	2
Westfield Terrace (Parlour)	2	22	6	32	8
do (Non parlour)	12	20	8	29	7
Moorclose Lane (Parlour)	3	23	0	33	2
do (do)	1	23	11	34	7
Moorclose Avenue (Parlour)	5	23	11	34	7
do (do)	14	23	0	33	2
Burnley Hill Terr. (do)	4	22	6	32	8
do (Non parlour)	20	20	2	28	8
Belle Vue Road (2 bedrooms)	12	22	8	30	9
do (3 bedrooms)	6	25	6	35	4
do (do)	18	24	10	33	11
Westcroft Avenue	8	25	9	37	5
(Dining recess type)					
Burned Road (Parlour)	4	25	9	37	5
do (Dining recess)	2	25	9	37	5
Burnside Ave. (Parlour)	10	25	9	37	5
do (Dining recess)	18	25	9	37	5
Hillcrest Road (do)	32	25	9	37	5
do (2 bedrooms)	12	22	8	30	9
do (3 bedrooms)	6	25	6	35	4
Russell Avenue	1	40	4	59	10
(Russell House)					
78 West End	1	16	0	22	11
80 West End	1	15	6	21	7

Situation.	No. of Houses.	Net Weekly Rent.		Gross rental (50 weeks collection).	
		<u>FLATS</u>			
		s.	d.	s.	d.
Hillcrest Road	40	20	1	28	1
Hillcrest Avenue	28	20	1	28	1
Belle Vue Road	16	20	1	28	1
Belle Vue Crescent	8	20	1	28	1

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

General.

Table 11 shows the monthly incidence of notifications received in respect of infectious diseases.

The infectious disease most prevalent during 1962 was Measles. Altogether 24 cases were notified.

Diphtheria Immunisation.

There has been no case of Diphtheria notified in Queensbury and Shelf since 1948. I consider that it is fair to assume that the fall in the incidence of this disease, which is general throughout the country, is due to Diphtheria Immunisation.

As last year, I give the figures of children immunised in two groups, the first group being children who have received either an initial or a booster dose in the last five years, and the second group those who were immunised at a date preceding this.

Number of children at December 31st, 1962, who had completed a course of immunisation at any time before that date (i.e., at any time since January 1st, 1948) :-

Age at 31.12.62. i.e. Born in Year	Under 1. 1962	1 - 4. 1961-58	5 - 9. 1957-53	10-14. 1952-48	Under 15. Total.
A. 1958 - 1962.	57	537	228	97	919
B. 1948 - 1957.	-	-	105	429	534

During 1962, one hundred and seventeen children completed a full course of primary immunisation against Diphtheria, Whooping Cough and Tetanus by Triple Vaccine. In addition, two were immunised separately for Diphtheria and forty-six were given a re-inforcing dose against Diphtheria. Of the children immunised against Diphtheria, one hundred and ten were under one year of age.

The prophylactics used were three doses of l.c.c. Triple Vaccine (Diphtheria and Tetanus Toxoid and Pertussis Vaccine) for children under five years. Parents of these children were also given the choice of having their children immunised separately for Diphtheria and Whooping Cough or having a combined Diphtheria/Tetanus or Whooping Cough/Tetanus injection.

Tetanus Immunisation.

In addition to the one hundred and seventeen children who received Triple Vaccine, two were immunised against Tetanus only.

Vaccination against Smallpox.

One thousand five hundred and eighty-one vaccinations and one thousand three hundred and twenty re-vaccinations were carried out during the year. This compares with last year's figures of thirty-six primary and six re-vaccinations.

Most of these vaccinations were carried out in January because of the outbreak of Smallpox in Bradford. From the information we received, it seemed likely that it would be possible for the outbreak to be confined to the Bradford area and we discouraged the public from having vaccination under mass conditions and most of these vaccinations were carried out by family doctors.

Actually, these figures should be revised in an upward direction for a large number of residents of Queensbury and Shelf attended the Bradford clinics for vaccination and we have not records of vaccinations carried out in Bradford at this period.

The first news of the Bradford outbreak came to us on Friday, the 12th January, and during the weekend, an opportunity was taken to follow up all the contacts and to vaccinate not only them but their families and contacts and to arrange that they should be absent from work during the quarantine period.

There is considerable movement between Queensbury and Shelf and Bradford, and not only do people from Queensbury and Shelf work in Bradford but people from Bradford work in Queensbury and Shelf, including a number of Pakistani personnel. In the Mountain area of Queensbury, there is residential continuity with Bradford and in this area we had important contacts.

Although mass vaccination was never recommended in Bradford, it was natural that there was great public alarm for with the first news of the outbreak, there were already a large number of contacts and, perhaps still more important, news of deaths from the disease. It was necessary for clinics to be opened in Bradford to offer vaccination to the public, and many people in Queensbury attended these Bradford clinics.

On Monday, the 15th January, we offered vaccination at our usual child welfare clinic at Shelf and a large number of people presented themselves for vaccination there. We were fortunate in receiving from Bradford early information of all Queensbury and Shelf residents who were contacts of the Bradford cases and unless major contacts had been missed, Queensbury and Shelf appeared to be reasonably safe. The contacts we had excluded from work and kept under surveillance behaved extremely well. They willingly accepted their forced confinement to the house with cheerfulness and patience and did not show to us the anxiety displayed by less well-informed people. We were pleased to be able to serve a useful liaison on the progress of their relatives in hospital.

The public of the town behaved very well throughout the outbreak. We were helped considerably by the attitude of the largest employers of labour, at the Black Dyke Mills, who informed their workpeople that we did not recommend mass vaccination and that if vaccination was considered necessary, immediate steps would be taken to carry this out. The decision not to open clinics could not have been taken without the co-operation of the General Practitioners, all of whom were most helpful during the outbreak, and who gave us all possible information.

During this difficult period, we were also helped considerably by the support of the members of the Council who, in their turn, were being pressed by the public for mass vaccination sessions.

Although we did not ourselves offer vaccination to the public, it was appreciated that the large amount of vaccination carried out by the Family Doctors was necessary, although they did everything possible to reassure their patients. In the early days, some were in a state of great anxiety, anxiety which could not be relieved except by vaccination, and we understood ourselves how difficult it is to persuade a parent of young children whose husband works with Pakistani personnel that every possible precaution has been taken and that the danger is minimal. For this reason, we issued a statement explaining that the Pakistanis who had lived for some time in the area were rather safer than most people for they had almost all been vaccinated and re-vaccinated and had had no contact with the cases.

The power of the National press and of the television services is extraordinary. When deaths are occurring it is extremely difficult for people not to understand that deaths occurring in established cases do not mean that fresh cases are occurring. Tragic though these deaths were, the deaths of patients who were properly isolated and with whom no possible contact could have been made by the residents of this town are, of course, of no epidemiological significance but such deaths naturally carry a strong emotional reaction and it is understandable that the demand for vaccination was so considerable before the public properly understood the true position.

We had some anxious times when cases of Vaccinia, or illness due to vaccination, were discovered as we did not wish the possible removal of a patient as a case of suspected Smallpox, which is not only disturbing for the patient but would undoubtedly re-awaken public alarm. Considering the large number of vaccinations, complications were few.

B.C.G. Vaccination.

B.C.G. vaccination was offered to 830 thirteen-year-old children. Parents of 462, or 56%, consented to this valuable measure, as compared with the County average for 1961 of 67%. Of these, 459 were tested. Eighty of them, or 17%, were found to be positive reactors and presumably had been exposed to the disease at some time, and 371 with negative reactions were given B.C.G. vaccination.

Mantoux testing and vaccination of contacts were also carried out.

Ten child contacts received skin tests. None of these were positive. Thirty-nine children received B.C.G. vaccination, including twenty-nine babies not previously given a skin test.

The figures under this section are all Divisional ones as it is not thought desirable to pinpoint localities.

Vaccination against Poliomyelitis.

During the year, 360 children in the Division received two injections, making a total number of children vaccinated with two injections of 11,948 since the commencement of the scheme.

In addition, 250 adults were vaccinated against Poliomyelitis.

Third injections for Poliomyelitis vaccination continued at the end of a seven-month interval, and 14,671 persons had received three injections by the end of the year.

In addition, 130 children in the most vulnerable age group, 5 - 12 years were given booster doses by injection.

At the beginning of March, we received our first batch of oral vaccine. Curiously enough, there was a public resistance to this at the beginning. It obviously possesses great advantages for little children particularly often object to a prick, painless though it may be. We have also been somewhat concerned that children should not begin to believe that necessarily involves a prick in the arm, a belief that has been somewhat fostered of recent years due to immunisation procedures. Children who had already been protected by two or three doses by injection were able to have their immunisation completed by oral vaccine and gradually the parents of most of the new cases were persuaded that oral vaccine was the method of choice.

The oral vaccine confers a broader immunity than the Salk vaccine and is now available for all.

Altogether, 544 children and 2,343 adults had completed immunisation by oral vaccine at the end of the year, and 2,369 persons had received oral vaccine as a reinforcing measure after two or three doses of Salk vaccine.

Oral vaccine is now well-established and it is rare indeed that we are now asked for protection by an injection of Salk vaccine.

The figures given under this section are all Divisional ones.

NOTIFIABLE DISEASES.

1962 was a year in which extremely little infectious disease was notified.

There were 24 cases of Measles, 20 of which were notified in the last quarter of the year. One case of Pneumonia was notified in March, and we had 5 cases of Dysentery in the second quarter.

There was no other infectious disease notified except Tuberculosis.

Tuberculosis.

No action was found necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, nor under the Public Health Act, 1936, Section 172.

There was only one notification of Respiratory Tuberculosis during the year. This man was suffering from Carcinoma of the lung, so that actually no new cases of Tuberculosis were diagnosed in Queensbury and Shelf.

One woman was transferred into the district and a man was transferred out. Four cases recovered from the disease and were removed from the register, and a man died from a cause other than Tuberculosis. There were no deaths from the disease so that there was a fall in the numbers on the register by five.

Two cases of non-respiratory Tuberculosis were removed from the Register as recovered, so that we now have only one case of non-respiratory Tuberculosis on our register.

We have a system of special contact cards, and all contacts of new cases are investigated, including a follow-up X-ray examination at the Royal Halifax Infirmary. The older contacts are followed up regularly, and as many as possible are X-rayed whenever the Mass Radiography Unit visits the Divisional area. The number of known contacts at present under observation in the Queensbury and Shelf Urban District is eighty-four in respect of forty-four respiratory cases on the register.

The Divisional Care Committee has now completed nine years. During this period, the incidence of Tuberculosis has fallen and the treatment has been more effective. Earlier cases have come to our knowledge and less help has been necessary. The Committee have enlarged their activities to cover people suffering from Chest and Heart Diseases.

Once again, a party of patients and their families were taken to the seaside for a day trip, this time to Southport. Lunch and tea were provided and everybody seemed to enjoy this. The Committee consider this day trip to be of the utmost importance as none of the families who are taken can afford a holiday and this day out has a great effect on morale and gives the tired mothers a real change.

Christmas food parcels were again delivered to the patients' homes.

Certain patients suffering from active Tuberculosis received milk free daily under the Extra Nourishment Scheme of the County Council. Most of them received one pint but in some cases two pints were considered necessary.

Cancer.

There were twenty-six deaths during 1961, twelve males and fourteen females, from some form of malignant disease.

TABLE 11.

MONTHLY NOTIFICATIONS OF INFECTIOUS DISEASES 1962.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
MEASLES	-	-	-	-	-	2	-	2	-	3	4	13	24
PNEUMONIA	-	-	1	-	-	-	-	-	-	-	-	-	1
DYSENTERY	-	-	-	3	1	1	-	-	-	-	-	-	5
TOTAL:	-	-	1	3	1	3	-	2	-	3	4	13	30

ANNUAL REPORT FOR 1962.

Mr. Chairman, Gentlemen,

I have pleasure in presenting my report for 1962, being the sixteenth report since I came to work for you. I am writing this at the beginning of the year, as the east winds pile the snow up outside, in an effort to recapture the atmosphere of 1962 before it disappears into the mists of the past. The year was an eventful year in many respects. It started with the smallpox outbreak in Bradford, and ended with the coldest Christmas Day since records were kept in that city. On 1st July our first Smoke Control Area, in Queensbury, came into operation and the weeks before and after this date were fully occupied in dealing with matters arising from this. To us in the Health Department everything seemed to go well. We did what we could, by circular letter, and visits, to ensure that everyone, especially the people burning coke, had a good and satisfactory fire. If there is anyone who is still not amply satisfied with the fire they can get burning coke, we are most anxious to know about them, in order that the trouble can be found and rectified. It grieves me to think that there may still be folk sat over a dull fire, grouching about Smoke Control, when if they would only let us know, we might well be able to change their grouches into grateful thanks.

The Bacon Factory maintained its throughput in 1962. As a result of a request to the Health Committee in March, for outside help to relieve me with meat inspection, I now only have to work on alternate Sundays. The words I used in my report caught the eye of the Press, and resulted in a fair amount of publicity, including a B.B.C. interview. Luckily the Council had already agreed to give me this help before the publicity occurred, and I was spared the embarrassment this could have caused me if the matter had still been undecided.

As the year wore on I found that previous disquiet I had expressed over the non performance of various duties was well founded. Not only were routine inspections not being carried out, but the concern at the back of my mind was growing to the extent that the work I was doing was impaired. I therefore asked the Committee to appoint a qualified assistant Public Health Inspector, pointing out that if only one house per year was saved from demolition and replacement, the inspectors salary would be saved; and further, that the new meat inspection regulations expected in 1963 would, in any case, necessitate some change in staffing arrangements. I am pleased to record that the Health Committee and the Establishment Committee accepted my request, and in December advertisements for a public health inspector were issued.

So these are two milestones in the history of public health in Queensbury - the first Smoke Control Area, and the first time an assistant public health inspector has been warranted.

The gales did a lot of damage to property but nothing to the extent that was suffered in places like Sheffield. One house whose roof was stripped off had been vacated on the previous Saturday, at another a neighbouring chimney crashed through the roof and rendered it unfit, but the tenants found shelter with friends. The only other persons to whose plight our attention was drawn were a poor family buying a house on rental purchase, and who were unable to afford the minor roof repairs required. The roof was eventually repaired by the owner or vendor.

This has also been the first full year of the existence of the Home Safety Committee, of which I am Secretary. No exhibition was held this year but the work proceeded slowly as and when opportunity seemed to offer. A shop window display was held 12 - 26th February 62, and a childrens essay competition was organised to coincide with this display. The gales of 12 & 16th February damaged an illuminated display sign we had fixed outside the Victoria Hall, Queensbury. The damage was covered by insurance but caused some upset to the Brighouse Home Safety Committee from whom the sign had been borrowed. The Chairman of the Council presented the prizes when he visited the schools in March.

In November the Home Safety Committee gave a film show to the Old People's Wednesday Club in Queensbury - giving a lot of sound advice on Home Safety matters to an audience of about 60 persons. In December a childrens competition was held for a poster for some aspect of Home Safety especially connected with Christmas.

So far the 'birds eye view' of the year has seemed to be taken up with a lot of things normally regarded as not the normal routine public health. To some extent this indicates the changing pattern of public health. As new hazards to health become apparent, our efforts have to be directed in different directions. No longer can one stick to 'mains' and 'drains' and call that it. Yet if we dissipate our efforts in too many directions we do not get results. It is a problem to know that is the proper order of priority to give to the various jobs there are to do. Should one concentrate on housing! would it save more lives to go all out for stopping air pollution and let food hygiene look after itself? Does it matter how many houses still have pail closets compared with the number of houses with dangerous electrical fittings? Without unlimited money and staff no authority in the country can possibly cover everything which can come under the heading of public health.

Other routine matters are dealt with in the body of the report, and I would close these opening remarks by once more thanking all my colleagues at the Council Offices for their help throughout the year, especially Dr. Appleton on whose kindly support I constantly rely. To those who work under me I would say thank you too, for the splendid way in which every one has tackled their work. Finally to those sat in authority over me Mr. Chairman and Gentlemen, I thank you for your kindness and courtesy to me at all times and the help and support the Committee have given me in 1962.

I remain Mr. Chairman and Gentlemen,

Your obedient Servant

Public Health Inspector.

INSPECTIONS.

The number of inspections and visits (4108) show an increase on the figure for 1961 (3981). It was anticipated that the figures would increase in 1962 as a result of the many visits in getting the Smoke Control area works inspected, and the appliances working satisfactorily. Other activities proceeded at about the same level as in 1961 - i.e. Improvement Grant work, meat inspection, and the routine attention to complaints.

The details of the visits are given below :-

Inspections and Visits Summary - 1962.

<u>DWELLINGS</u>	<u>Number Made.</u>
1. Rehousing applications	9
2. For overcrowding	9
3. Unfit and incapable of repair	34
4. Unfit but capable of repair.	38
5. Cellar dwellings and part of buildings	-
6. Found fit in all respects	-
7. Houses let in lodgings	-
8. For improvement grants	91
9. Reinspections	166
<u>Houses for matters under the Public Health Acts.</u>	
10. For drainage	194
11. For water supply	4
12. For refuse accommodation	11
13. For closet accommodation	25
14. For verminous conditions	4
15. For filthy conditions	7
16. For infectious diseases & F.P. enquiries	175
17. For miscellaneous defects and complaints	2
18. Moveable dwellings	13
19. Sites for moveable dwellings	2
20. Reinspections	60
<u>Houses for matters under Rent Acts.</u>	
21. For certificates of disrepair	-
22. Other Rent Act matters	-
23. Reinspections	-
<u>Houses for matters under the Factories Act.</u>	
24. Outworkers premises	-
<u>Houses for matters under P.D. Pests Act.</u>	
25. For rodent infestation	85
<u>Houses for matters under Clean Air Acts 1956.</u>	
26. Houses surveyed for smoke control area	288
27. Other premises	17
28. Houses visited for miscellaneous reasons	40
28A. Number of revisits	353
<u>TRADE AND BUSINESS PREMISES.</u>	
<u>For matters under Factories Acts.</u>	
29. Factories with mechanical power	12
30. Factories without mechanical power	4
31. Other premises, building sites etc.	3
32. Means of escape in case of fire	-
	<hr/>
	1646
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For matters under Public Health Acts.

33.	Workplaces	6
34.	Schools	11
35.	Offices	3
36.	Places of entertainment.	-
37.	Offensive trades	-
38.	Licensed premises	-

For matters under Shops Act 1950.

39.	Shops	-
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For matters under Rag Flock Act 1951.

40.	Licensed manufacturers premises	1
41.	Licensed storage premises	-
42.	Registered premises	1
43.	Other visits of enquiry	1

For matters under Clean Air Act 1956.

44.	Smoke observations	23
45.	Survey of existing furnaces and equipment	6
46.	Plans/sites for new furnaces examined	3
47.	Furnaces newly provided.	1
48.	Other miscellaneous visits	2

For matters under Prevention of Damage by Pests Act 1949.

49.	Locan Authority premises inspected for rodents	15
50.	Business premises	27
51.	Agricultural premises	10

For matters under Food and Drugs Act 1955.

52.	Licensed premises	1
53.	Ice cream premises	3
54.	Prepared meat, sausages etc., premises	12
55.	Fried Fish Shops	2
56.	Bakehouses	3
57.	Butchers	11
58.	Provision merchants	1
59.	Canteens, cafes and kitchens	3
60.	Schools	3
61.	Dairies (Milk & Dairies Regs.)	-
62.	Slaughterhouses - as such	8
63.	Slaughterhouses for meat inspection	416
64.	To sample or examine other foods for fitness	4
65.	Distributors premises or vehicles	2
66.	Other food premises	2
67.	Visits for enquiry	19

West Riding (General Powers) Act 1951.

68.	Hairdressers	1
69.	Hawkers of food and their premises	-
70.	Clearance of demolition sites	-

MISCELLANEOUS.Public Health Act Matters.

71.	Visits re refuse collection service	70
72.	Visits re refuse Disposal, tip etc.	87
73.	Visits re salvage	39
74.	Pigstyes	10
75.	Poultry and other animals	7
76.	Watercourses, ditches and culverts	-
77.	Public Buildings - escape from fire	-
78.	Rag and bone dealers	-
79.	Sanitary conveniences at licensed premises	-
80.	Noise nuisance	15
80A.	Storm damage	9

2484

MISCELLANEOUS.Number made.Clean Air Act matters.

81.	Deposit Gauges	12
82.	Daily smoke and SO ₂ readings	348

Petroleum Act matters.

83.	Petroleum stores inspected	6
84.	Other licensing visits	3

Prevention of Damage by Pests Act 1951

85.	Sewer treatments carried out	1
86.	Number of baits laid in manholes	82

GENERAL.

87.	Home safety	62
88.	Miscellaneous insect infestations	5
89.	Visits to laboratory with specimens	35
90.	Committees and Sub-Committees	54
91.	Site or Office interviews	1049
92.	Visits outside district on Council business, Conference etc.	7
		<hr/> 4108 <hr/>

SUMMARY OF REPAIRS AND IMPROVEMENTS CARRIED OUT.DWELLINGS.

Roofs, valley gutters, flashings	6
Chimney stacks, flues, pots etc.	2
Eaves gutters	3
Fall pipes	4
Walls, brickwork, pointing	1
Damp proof courses provided	1
Dampness otherwise remedied	14
Wallplaster repaired	12
Ceilings repaired	10
Floors repaired	4
Window frames, cords etc.	14
Ventilation provided	3
Doors, door frames	12
Ovens, fire ranges, grates etc.	2
Wash boilers, set pots etc.	-
Sinks replaced	12
Waste pipes	10
Water supply provided	1
Food stores provided	66
Circulating hot water systems provided	70
Pavings, yards and passages	2
Repairs to water closets	15
Defective flushing cisterns, burst pipes etc.	21
New water closets provided for existing houses	86
Fixed baths provided for existing houses	82
New pail closets provided	1
Waste water closets abolished	11
Pail closets abolished	5
Provy closets abolished	1
Dustbins provided	101
Ashpits repaired	-
Ashpits abolished	1
Other miscellaneous repairs to houses	7
Verminous houses disinfected	-
Dirty houses cleansed	-
Closets cleansed or lime washed	6
Improvements to caravans or sites	1
Overcrowding abolished	5

<u>FOOD PREMISES.</u>	<u>Number made.</u>
Walls, ceilings, floors etc. repaired	2
Walls, ceilings, floors etc. cleansed	4
Ventilation provided or improved	2
Equipment, apparatus, clothes cleansed	1
Washing facilities provided	1
Other improvements.	1
Closet accommodation provided	2
<u>FACTORIES</u>	
Rooms cleansed	-
Rooms ventilated	1
Reasonable temperature secured	-
Overcrowding abated	1
Floors drained	-
Insufficient Conveniences remedied	1
Defective conveniences remedied	1
Conveniences made separate for sexes	-
Other offences remedied	-
Absence of abstract of Act noted	-
<u>WORKPLACES</u>	
Rooms ventilated	-
Rooms cleansed	-
Overcrowding abated	-
Sufficient conveniences provided	-
Other defects remedied	-
<u>SHOPS</u>	
Reasonable temperature secured	-
Ventilated	-
Lighting provided	-
Washing facilities provided	-
Meals facilities	-
Other defects remedied	-
<u>OFFENSIVE TRADES.</u>	
Premises closed (voluntarily)	1
<u>CLEAN AIR</u>	
New furnaces provided	3
Furnaces altered or repaired	1
Chimneys extended or improved	-
Firms adopting smokeless fuel	1
Indicating or recording instruments provided	2
<u>DRAINAGE</u>	
Drains repaired	16
New drains laid	89
Obstructed drains cleared	61
Obstructed gullies cleared	49
Obstructed water closets cleared	13
Public sewers cleared or maintained	1
Water tests	1
Radio tests	2
Colour tests	78
Investigation under section 48	45
Gullies renewed or provided	3
Soil pipes and ventilating pipes	-
Inspection chambers	-
Cesspools & septic tanks repaired or provided	1
Cesspools and septic tanks emptied	1
Cesspools abolished	-

GENERAL.Number made.

Houses disinfected	1
Rodents caught, killed or poisoned	not known
Premises cleared of rodents	59
Premises rendered rodent proof	-
Watercourses, culverts etc. cleaned	1
Poultry house improvements	2
Pig sty improvements	1
Offensive accumulations removed	41
Manure stead built or repaired	1
Other nuisances abated	1
Obstructive buildings removed	-

GENERAL SANITATION.Investigation of Complaints.

Complaints outstanding at end of 1961	3
Complaints received in 1962	217
	Total 220
Complaints dealt with in 1962	218
Complaints outstanding end of 1962	2

Nuisances.

The number of nuisances found this year was 278, comprising of the following circumstances :-

Summary of Nuisances found during year ending
December 31st. 1962.

1. Defective drains	21
2. Defective soil pipes & Wc's	2
3. Choked Wc's	13
4. Choked W.W.c's	4
5. Broken waste pipes	4
6. Defective & blocked gullies	49
7. Choked drains	48
8. Mice & rat infestations	73
9. Accumulations of rubbish	41
10. Burst water pipes	3
11. Defective roofs & damp walls	8
12. Defective plastering	1
13. Dangerous buildings	3
14. Miscellaneous	8
Total	278

Caravan Sites and Control of Development Act 1960.

This Act came into force on 29th August 1960, and at the close of 1961 no great change had occurred in the sites in this area, as planning status of two of the sites had not been determined. During 1962 however, these decisions became known. Planning permission was refused, and refusal confirmed on appeal, in respect of a small site in Shelf for which residential application had been made. In respect of the site at Queensbury, the application for which was in respect of the residential use of 35 vans, the final decision after an appeal was to allow 8 vans to be stationed for residential use, the rest as holiday vans for the summer period, in each year. At this latter site we were faced with a 'fait accompli' in the sense that the vans were on the site, being used residentially, whereas no 'residential' site conditions were in force. These were quickly supplied by the Council, but although the time given for compliance with the residential site conditions was until 31st December 1962, that day passed without anything being done to alter the site to comply with the conditions. The illness and subsequent death of the site operator prevented the Council being able to press for action. If anything, 1962 saw only the deterioration of conditions at this site, which is now the only one of moment in this area.

1962 was an eventful year to us as our No.1 Smoke Control Order came into force on the 1st July. Like most other things the first was the worst - the problems we had previously imagined never happened, and things we had never foreseen did happen. Both Mr. Phillips and I learned a lot about Smoke Control Areas in 1962, and I suppose that no subsequent S.C.A. will bring in its train so much new knowledge and ideas. In my opinion the whole job went very smoothly, and the way it has been adhered to is most gratifying to me. Three or four houses were observed with smoking chimneys after the date of operation of the Order, verbal warnings were given, but as in each case it was merely a matter of burning up the odd hundredweight of coal. These warnings were given in a friendly way.

A mobile exhibition van from the Solid Smokeless Fuel Federation was present at three separate sites in the area in the week before the 1st July, and this really did a good job in enabling householders to see what a good coke fire should be like, and to enable them to ask their questions and difficulties they were experiencing with this new fuel. In addition a circular was sent to every house in the form of an essay "On being in a Smoke Control Area". This covered all the points we could think of which people needed reminding of, and it asked them to be sure to notify us if they could not get a more than satisfying fire with coke. Every complaint was followed up, firelighting tests carried out etc., and no complaint abandoned - all were satisfactorily ironed out. I must pay tribute to the work of Mr. Hart of the North Eastern Gas Board for the guidance and help he gave us with these cases. We have learned much from him, and owe him a great deal for his help.

I would like to repeat here the information given in last years report on the scale of allowances the Council adopted in connection with the No.1 Smoke Control Order, and on which the 7/10ths grant was paid.

Briefly the expenses we considered reasonable were :-

1. Up to £5.10.0 for the purchase of a solid fuel burning appliance to replace an open fire, and up to £1. for fixing it.
2. Up to £6.12.8 for purchasing a conversion unit to adapt a "Yorkist" or similar type of range, and £1.10.0 for fixing.
3. The actual cost of installing gas ignition, except that the cost of a portable gas poker was limited to 7/6d.
4. The actual cost of adaptations such as replacing firebars with bars of wider spacing.
5. Up to £25 for providing and fixing a tiled surround and hearth and building up the new fireback etc. where an old fashioned range had to be converted, plus costs incurred as under paragraph (1).
6. Up to £30 for a cooker, plus fixing costs, where it was necessary as a result of the conversions to provide cooking facilities.
7. Up to £6 for an electric igniter, plus cost of a socket outlet, where there was no gas supply to the house, or where these costs were less than that of providing equivalent gas ignition. In other cases where electric ignition was asked for the grant was based on whichever method would have cost less notwithstanding the fact that the other method was employed.
8. Where a person was required to install a new solid fuel appliance as distinct from making adaptations only, such as new firebars, and he opted to choose a gas or electric appliance, then up to £12 towards the appliance cost, and up to £3 of the fixing costs (including connection to the power supply) were claimed to be reasonable expense, and ranked for a grant.

I consider these scales to be eminently fair and reasonable, and do give a "freedom of choice" of fuel to be used. No-one so far has criticised them seriously. In fact, the only comment I would make at this stage is that if the job needs to be carried out more speedily, and the Government would give a 40% grant towards the salary of extra staff, as they do to the cost of making these fireplace alterations, it would be very helpful.

The scales were adopted without change for the No.2 Smoke Control Area which was approved by the Council towards the end of 1962, for operation in 1963.

At the 31st December, 1962 the smoke control position was as follows :-

	Smoke Control Order No.1 approved and operative from 1st July, 1962.	Smoke Control Order No. 2. proposed by Council to come into force in 1963.
Dwellings	463	397
Industrial	3	4
Commercial	10	5
Others	11	5
Acres	130.69	324

Both these areas were somewhat enlarged on final submission to the Council and our original target date of 1975 for converting the whole district may yet be adhered to in spite of the fact that we came three years behind in getting started on the 17 year programme we drew up in 1958.

Deposit gauges (deposited matter showing rate of deposit in tons/sq. mile.)

Month 1962.

Council Yard Queensbury.

Z	Rainfall in inches	Deposited matter.
January	4.49	22.88
February	2.56	13.90
March	1.5	15.38
April	3.04	12.65
May	2.17	15.62
June	0.83	9.57
July	2.68	20.81
August	5.00	18.06
September	4.53	17.23
October	1.77	13.17
November	0.95	9.64
December	3.35	25.54
Total	32.87	194.45

Average.

2.78

16.20

The figures given us by the daily smoke and sulphur dioxide recorder are partly given by the next table. To reduce the mass of figures available into something which can be read fairly easily we have picked out the maximum figure for any day in that month, the minimum figure for any other day that month and the average daily figure in that month.

Daily Volumetric Smoke and Sulphur Dioxide Apparatus.

Sulphur Dioxide - expressed in microgrammes per cubic metre.

Smoke - expressed in microgrammes per cubic metre.

Month.	Smoke.			Sulphur Dioxide.		
	Average.	Max.	Min.	Average.	Max.	Min.
January	176.6	609	43	139.8	329	42
February	94.5	411	25	53.75	171	14
March	173.75	578	11	113.75	261	42
April	94.2	216	36	92.4	237	44
May	104	344	20	117.8	342	30
June	76.5	220	8	87.5	198	26
July	55.6	128	20	80.75	158	30
August	55.25	104	32	63.8	173	30
September	103.25	320	28	106.75	288	39
October	144	320	54	149.4	330	57
November	165.75	544	16	203.25	654	43
December	193.75	548	32	157.75	560	62
Total	1437.15	4342	325	1276.7	3701	416
Average	119.76	361.8	27	106.4	308.4	38.4

In January, for example, although the average daily concentration of smoke was 176 microgrammes per cubic metre of air, on one day it rose to 609 microgrammes per cubic metre - twelve times the average for July, and seventy five times the pollution present on the cleanest day in June. It is these dramatic build ups in pollution for odd days which cause trouble if they are not quickly dissipated by the wind. A prolonged calm and foggy period when the pollution is not quickly blown away brings the trouble we now associate with smog. It is evident that the smoke and sulphur dioxide constituents of pollution behave in different ways, and that the smoke builds up quicker in smog conditions. Alternatively it may be argued that even in smog forming conditions the sulphur dioxide behaves as a true gas and dilutes itself by diffusion upwards, where the smoke cannot do this being merely suspended matter, where dilution depends on air movement. It is also more likely that smoke, being particles of finite size, is more easily brought down by the rain than is the gaseous sulphur dioxide. It is of interest to observe these matters, for while one cannot do anything to lessen the sulphur dioxide produced by burning solid fuels, we are going to reduce the smoke; and fortunately the sulphur dioxide has this tendency, even in calm conditions, to dissipate itself.

The connection between air pollution and average outside temperature is shown graphically by the two graphs following, and bears out the contention that air pollution is mainly related to domestic fuel.

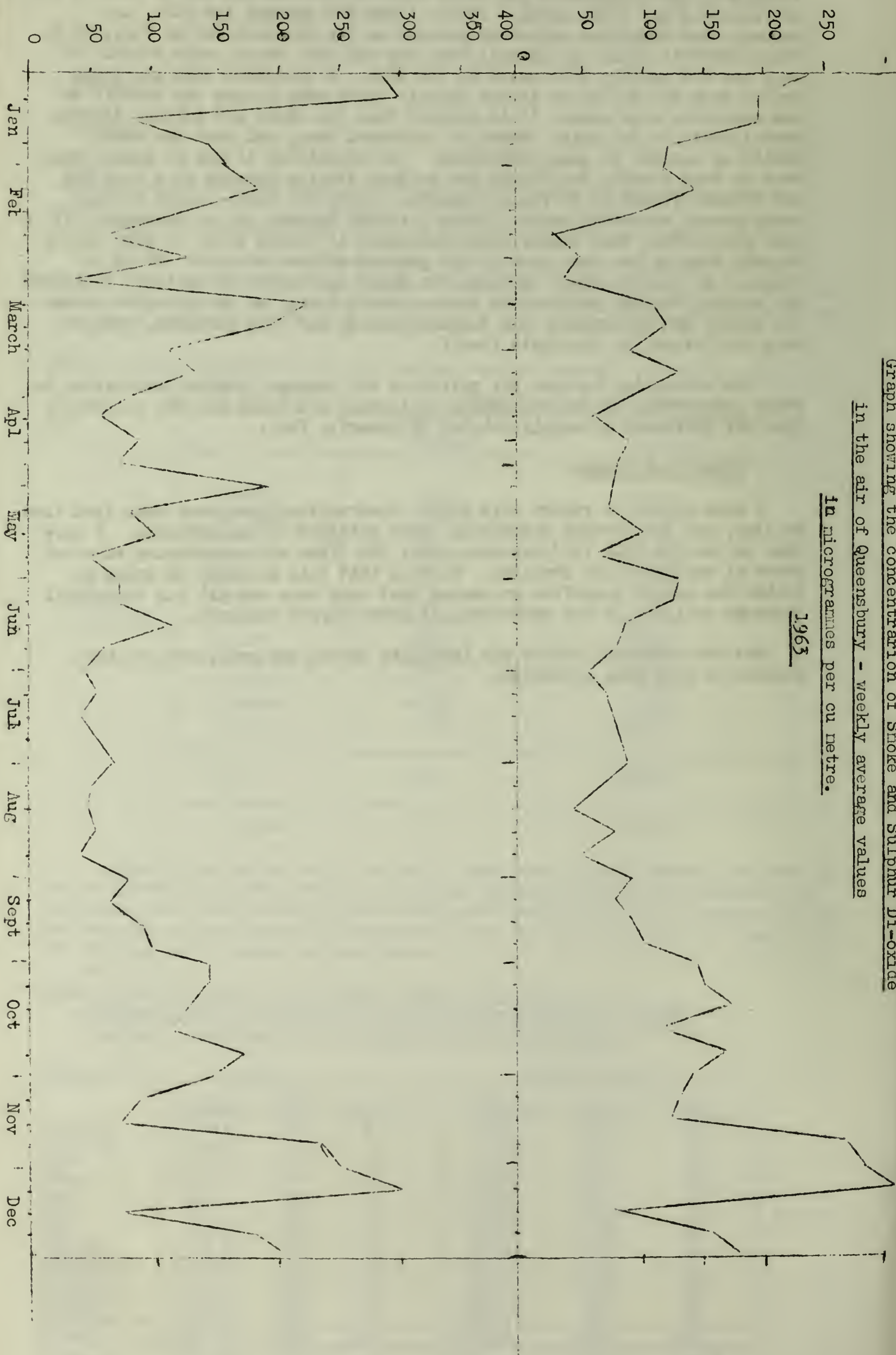
Industrial Smoke.

I have little to report this year. Observations have been made from time to time, and the various industrial users notified of our comments. I know that as the 5th July 1963 approaches all the firms are considering ways and means of solving their problems. Knowing that this activity is going on behind the scenes justifies my saying that very soon now all our industrial chimneys will be, if not smokeless, at least beyond reproach.

One new automatic stoker was installed during the year, and one more chimney is free from criticism.

Graph showing the concentration of Smoke and Sulphur Di-oxide
in the air of Queensbury - weekly average values
in microgrammes per cu metre.

1963



CLOSET ACCOMMODATION.

Year by year this improves, with the aid of Standard Grants, or notices served under Section 47 of the Public Health Act 1936, or by a plain desire for better things as more and more homes become owner occupied. During the year the following improvements were made :-

Waste water closets converted or substituted by W.C.'s	11
Pail closets converted to W.C.'s	5
Privy closets converted to W.C.'s	1
Internal water closets provided by Standard Grant	65
Internal water closets provided without grant aid	21
Privy closets converted to pail	-
Privy closets done away with (houses closed etc)	1

Dwelling House Closets Accommodation - 31st December 1962.

Number of houses provided with water closets	3,400
Number of houses provided with waste water closets	25
Number of houses provided with chemical closets	2
Number of houses provided with earth or pail closets	134
Number of houses inhabited in the district - 31/12/62	<u>3,561</u>

During 1962 a survey was carried out on the number of houses with internal W.C.'s and baths and other of the Standard Amenities. No time was wasted on this survey as it was done in among other work. An alphabetical list of the houses was prepared with five columns ruled opposite headed A.B.C.D. & E., corresponding with the five amenities. Whenever opportunity offered due to a visit or a call in a particular street, ticks were placed in the column to indicate the presence of that amenity whenever it could be seen, from the outside plumbing pipes that the amenity existed. It is easy to count the soil pipes, waste pipes and give a quick census. The method is not exact, but it does not err on the side of assuming amenities exist, which do not. The whole district has not yet been completed but in Queensbury alone we can say that over 60.4% of the houses possess, more or less, the five standard amenities, but definitely this percentage have internal water closets. We know from other figures that 2174 of the 2277 houses in Queensbury have water closets - 95.4%. The other 4.6% presumably do not have sewer facilities. So that there are approximately 39.6% less 4.6% = 35% of the houses which could have standard amenities provided. 35% of 2277 gives a number houses of 797. Now 45 applications for Standard Grant in respect of houses in Queensbury were made in 1962. At this rate it will be 17.8 years before every house in Queensbury has an internal w.c. and the other standard amenities.

Before this survey was done I was of the opinion that 7 or 8 years would have seen nearly every house so provided without any special action by the Council. But in face of these figures I feel that this is more of a problem than I had considered it to be. It is a problem we can bite on, and I hope to be able, with the added help of the Assistant Public Health Inspector to be able to make a report to the Council with a view to implementing Circular 42/62 from the Ministry of Housing and Local Government and increasing the rate at which houses are modernised. My remarks under 'Housing' have a bearing on this subject too.

DRAINAGE OF DWELLING HOUSES.

At the end of 1962 the statistical position was as follows :-

Number of houses connected to a sewer	3344.
Number of houses connected to satisfactory private drainage	95.
Number of houses connected to unsatisfactory private drainage	122.

3561

Five houses have had unsatisfactory drainage facilities altered, two of them to septic tank and filters. The number of houses connected to the sewer increased by 6. This is a net figure as the number of new houses exceeds this, but by the going out of use of older property through change of use, merging two into one, or demolition, the net increase in the year shows up as only 6.

HOUSING.

No new houses were completed by the Council during 1962 although 47 houses were completed by private enterprise.

At 31st December, 1962 there were 3,561 inhabited houses in Queensbury and Shelf, made up as follows :-

Queensbury	2277
Shelf	1284
	<u>3561</u>

The ownership of houses was as follows :-

	<u>Queensbury</u>	<u>Shelf</u>
Owner occupier	1301	867
Local Authority Owned	266	171
Landlord Owned	<u>710</u>	<u>246</u>
	<u>2277</u>	<u>1284</u>

Excluding local authority houses (including police and health services) the percentage of privately owned houses which are owner occupied is :-

	<u>Queensbury</u>	<u>Shelf</u>	<u>Whole District</u>	
<u>1962.</u>	64.1 %	77.9 %	69.3 %	Compared with
<u>1958.</u>	56.1 %	68.1 %	60.0 %	and with
<u>1953.</u>	43.0 %	59.0 %	48.0 %	

What age are these houses? I have not gone into details of age in terms of how many years, but rather in terms of whether they are likely to have modern amenities or not. So, taking the two wars as natural breaks we have :-

	Classed as	Queensbury	Shelf	Total
Built pre 1914	"old"	1588	610	2,198
Built 1918 - 1940	"modern"	328	361	689
Built post - 1945	"modern"	361	313	674
TOTALS		2,277	1,284	3,561

These figures show that there are now more 'modern' houses in Shelf than 'old' ones. It is generally accepted that there is no housing problem in Shelf. Now it may not be a sound argument, but it certainly is a line of thought, that to achieve the same position in Queensbury we should need 1588 less ($328 + 361 = 689$), or roughly 900 new houses. It so happens that there are -- near enough for this argument -- 450 back to back and blind back houses in Queensbury. Therefore if we pulled down those 450 old houses, and built 450 new ones to replace them, we should have $(1588 - 450)$ 1138 'old' houses, and $(689 + 450)$ 1139 'modern' houses. Queensbury would then match Shelf in regard to the age of its houses, and I would assume, would then have no housing problem. There certainly is a lag in the ratio of new to old which I feel has a bearing on the future outlook on housing in Queensbury.

Modernising old houses is good -- in fact to my mind it turns an 'old' house into a 'modern' house for the purpose of this argument, but it isn't going on fast enough, and is, I admit merely a 'rescue' operation, almost a salvage operation. It doesn't affect the plain fact that more new houses need to be built, and that we are accumulating arrears of new building for the next generation, unless Queensbury is to decline gradually to a worn out derelict area.

The financial burden need not fall on the Council for building all these houses. Surely a Committee could be charged with some responsibility for development. The task as I see it is obvious enough. We want to be able to say to the world at large -- we have land set aside for you to build on -- come and build 450 houses. We have land set aside for light industries -- the population is here, bring your industries here -- no one today is dependant on canals and railways for industrial sites. Give the village Clean Air, and builders would soon come out of the towns to build. Maybe the Green Belt would have to be revised, but what use is a Green Belt to a declining village, far better a little less Green Belt and a thriving community. Plans made now would at least

ensure that this Council had a hand in deciding which part of the Green Belt would be least loss. Take a look at where the sewers run - how many acres of land can still be built on and drained into the sewers we have. Don't forget that unless we pull down the 450 back to backs, it is 900 new houses we need.

Its a thought anyway. And two last thoughts to round off that little essay - there's no standing still these days, you're either advancing or falling behind, and - enthusiasm is the secret of success.

Some Figures from the Census 1961 are interesting.

Ward	Population		Dwellings	1961 density of population.
	1951	1961	1961	Percentage of persons of more than $1\frac{1}{2}$ per room.
Ambler Thorn	2211	2249	803	5.1
Queensbury	1779	1605	681	8.4
Queensbury South	2150	2242	747	7.4
Shelf East	1364	1492	556	3.3
Shelf West	1564	1718	649	4.9
	9068	9306	3436	Average 5.9

A ten per cent increase of population in Shelf East and West, a five per cent increase in Queensbury South but a ten per cent drop in Queensbury North, Ambler Thorn fairly static. Yet still the density of population is greatest in Queensbury North, indicating scope for further increase in housing accommodation in that ward to lower the density of population.

Clearance Area.

No Clearance Areas were represented in 1962, but in the year all the families remaining in Clearance Areas previously declared were finally rehoused.

Lettings 1962. (Figure supplied by Housing Manager).

Number of families rehoused during the year into Council owned property :-

(a)	Clearance areas etc.	5
(b)	Overcrowding	10
(c)	Other reasons	8

New dwellings completed during the year 1962.

By private enterprise	47
By the Local Authority	Nil

Individual Unfit Houses.

During 1962 Closing Orders were determined in respect of Ash Tree Farm and Cottage, Shelf, and 3A Roper Lane, and 7 Cape of Good Hope, Ambler Thorn, Reports were made to the Health Committee recommending Closing Orders on 5 Cockhill Lane, Shelf, and 21 Mount Pleasant Street, 20 & 22 Lyons Street, Queensbury and 1 & 3 Round Hill, Roper Lane, Ambler Thorn. Five of these had been vacated by 3rd December 1962.

Repair of houses capable of being made fit went on slowly, but not systematically. My great hope is that the assistant public health inspector, when appointed, will be able to make great strides in this most essential branch of our work.

Rent Act 1957 - Certificates of Disrepair.

(a)	No. of certificates of disrepair granted	-
(b)	No. of undertakings to execute repairs given by owners to the Local Authority	-
(c)	No. of certificates of disrepair cancelled	-

These figures tell their own tale of ineffectiveness.

Overcrowding.

No cases of legal overcrowding were found during 1962. Ten lettings were made to rehouse families who were overcrowded on a 'bedroom only standard'.

Improvement Grants.

The policy of the Council is to operate both grant schemes, although Discretionary Grants are only given :-

- (1) For the provision of an extra unit of dwelling accommodation by the conversion of non-dwelling premises; or
- (2) To rescue a house from Demolition or Closing Order procedure
or
- (3) To convert two back to back houses into one through house.

During 1962 seventy two applications were made for Standard Grant and one for Discretionary Grant, compared with fifty six in 1961. It can be said that the demand for these has increased on the previous year.

The figures run as below:-

Discretionary Grants applied for in 1962	1
Discretionary Grants approved in 1962	0
Discretionary Grants paid in 1962	0
Standard Grants applied for in 1962	72
Standard Grants approved in 1961 but completed in 1962	19
Standard Grants approved and completed in 1962	46
Standard Grants approved in 1961 or 1962 but not completed	28

This is another way of saying :-

Standard Grants approved in 1962	71
Standard Grants paid in 1962	65

Total amount paid in Standard Grants in 1962 £6652-0-9d.

Average amount paid of each standard Grant £102-6-9d.

Summary of Improvements effected by Standard Grants.

Fixed Baths provided	60
Wash basins provided	60
Circulating hot water systems provided	56
Internal water closets provided	65
Ventilated food stores provided	64

Loans for acquiring or improving houses.

Twelve advances for acquisition of second hand houses were made totalling £10,900.

Seven advances totalling £1993 were made for the improvement of houses together with Standard Grants.

Inspection and Supervision of Food.

Milk Samples.

Milk sampling has not been carried out as frequently as should be, but investigations were made on reports of unsatisfactory 'Ring Tests' received.

No formal action was taken under Section 20 of the Milk and Dairies Regulations 1959.

Meat and Foods Inspection.

The three private slaughterhouses in the district continued in operation throughout the year. The steady increase in the number of animals killed, mainly due to the activities of the Bacon Factory is shown in the table below. Incidentally the table shows a marked decline in the consumption of beef over the years.

Numbers of Animals Killed.

Year	Cattle	Cows	Calves	Sheep	Pigs	Horses.
1962	162	25	3	708	17,007	-
1961	199	63	21	832	16,609	-
1960	197	110	3	596	14,533	-
1959	235	150	5	957	4,389	-
1958	296	166	9	531	1,274	-
1957	289	124	45	515	941	-
1956	399	128	15	449	423	-
1955	287	198	15	442	292	-
1954	138	76	20	256	178	-

(Part year from decontrol at 30th June, 1954)

Some idea of how much of the meat killed is "export" meat can be gauged from the fact that a figure of approximately 13,950 units represent the home consumption figures, while the number of animals inspected in 1962 represents 54,311 units.

I am proud to say that 100% inspection was carried out, a burden which was considerably eased to me when the Council agreed in April 1962 to permit me to engage a relief Inspector on alternate Sundays. This arrangement operated until the appointment of an Assistant Public Health Inspector in March 1963.

Carcases and Offal Inspected and Condemned in whole or in part - 1962.

See tables in annual report.

	Cattle excluding cows	Cows	Calves	Sheep, Lambs	Pigs	Horses
No. Killed	162	25	3	708	17,009	-
No. inspected	162	25	3	708	17,009	-

All diseases except Tuberculosis.

Whole carcasses	-	-	-	-	93	-
Carcases of which some part or organ was condemned.	3	2	-	-	825	-
Percentage of the number inspected affected with disease other than T.B.	1.8%	8%	-	-	5.4	-

Tuberculosis only.

Whole carcasses condemned	-	-	-	-	0.5	-
Carcases with some part or organ condemned.	-	-	-	-	127	-
Percentage of the number inspected affected with T.B.	-	-	-	-	0.76 %	-

Reasons for condemnation.

1. Cattle (including calves).

Disease.	Carcases.	Head & tongue	Lungs	Hearts	Livers.
Abscesses	-	-	2	-	-
Cirrhosis	-	-	-	-	3

2. Pigs.

Ascaris lumbricoides	-	-	-	-	229
Tuberculosis or (Corynebacterium)	5	127	-	-	-
Pneumonia, congestion, & pleurisy.	-	-	498	-	-
Pericarditis	-	-	-	98	-
Peritonitis	9	-	-	-	-
Parasitic infection	-	-	-	-	-
Oedema, emaciation	18	-	-	-	-
Abscesses -multiple	7	-	-	-	-
Septic pneumonia	3	-	-	-	-
Moribund	10	-	-	-	-
Septicaemia	3	-	-	-	-
Pyæmia	2	-	-	-	-
Uraemia	2	-	-	-	-
Unidentified fevers	33	-	-	-	-
Swine urticaria	2	-	-	-	-
Swine erysipelas	1	-	-	-	-
Generalised bruising	1	-	-	-	-
Toxaemia	2	-	-	-	-
TOTAL	98	127	500	98	232

Meat and Other Foods Condemned in the year 1962.

Carcase meat and offal from slaughterhouses :-

Whole carcasses condemned	98	9,965 lbs.
Part carcasses and trimmings		550 lbs.
Offals		3,709 lbs.

Other foodstuffs :- Nil

Total 14,224 lbs.

Slaughterhouses.

Three slaughterhouse occupiers followed up their proposals in the Slaughterhouse Report, and brought their premises up to the standard required by the Slaughterhouse (Hygiene) Regulations, 1958. One occupier had abandoned his slaughterhouse in 1961. The three referred to were relicenced in September 1962, after a slight delay due to the occupier of one not being ready for the 1st July 1962, as the Report envisaged. The improvements have been of benefit to all concerned.

Disposal of Unsound Food.

The majority of the meat condemned arises at the Bacon Factory. This is properly disposed of either to pharmaceutical or fertilizer manufacturers. The other small arisings from the small slaughterhouses are either disposed of at the Council's tip, or into boiler fires.

Slaughter of Animals Act 1958.

Eleven licences to slaughter animals were issued during the year. No instance of a breach of the Act was observed during the year.

Food Premises

The following food premises were registered by the Council at the end of the year.

(a) Under Section 16, Food & Drugs Act 1955.

Sausage preparation	15
Retail Ice Cream	51

(b) Under Milk & Dairies Regulations

Dairies	3
---------	---

(c) Under West Riding County Council (General Powers) Act 1951

Hawkers of food	3
-----------------	---

The following other food businesses were carried on during the year :-

Bakers and confectioners	5
Butchers	16
Fish fryers	10
Greengrocers and wet fish	11
Grocers and general stores	41
Licenced premises	21
Sugar confectionery and ice cream	39
Catering establishments (excluding kitchens at schools and factory canteens)	2
Mineral water manufacturers	1

The inspection of food premises as a routine continues to be sporadic, and far from what it should be. However, due perhaps to the fact that so many food shop keepers are members of the Traders Guild of Hygiene, we have escaped any outbreak of food infection transmitted through a shop.

The main improvements effected to food premises during the year apart from those arising from no action of ours, includes :-

Food premises floor repaired	1
Food premises ventilation provided	2
Equipment, apparatus or clothes cleansed	6
Washing facilities provided	2
Closet accommodation provided	1
other improvements	1

FACTORIES ACT 1961.

No problems arose from the work of the department under the above Act during the year.

1. INSPECTIONS for the purpose of provisions as to health (including inspections made by the Public Health Inspectors).

Premises.	Number on Register	Number of		
		Inspections.	Written notices.	Occupiers prosecuted.
i. Factories in which sections 1,2,3,4, & 6 are to be enforced by Local Authorities.	10	4	-	-
ii. Factories not included in (i) in which section 7 is enforced by the L.A.	45	12	-	-
iii. Other premises in which section 7 is enforced by the L.A. (excluding out-workers' premises).	10	3	3	-
Total	65	19	3	-

2. Cases in which Defects were found (if defects are discovered at the premises on two, three or more separate occasions they are reckoned as two, three or more "cases").

Particulars.	Number of cases in which defects were found.				Number of cases in which prosecutions were instituted.
	Found.	Remedied.	Referred to H.M. Inspector.	By H.M. Inspector	
Want of cleanliness. (Section 1.)	-	-	-	-	-
Overcrowding(Sec.2.)	1	1	-	-	-
Unreasonable Temperature (S.3).	-	-	-	-	-
Inadequate Ventilation (S.4.)	1	1	-	-	-
Ineffective floor drainage(S.6)	-	-	-	-	-
Sanitary Conveniences(s.7)					
a.Insufficient	1	1	-	-	-
b.Unsuitable or defective	1	1	-	-	-
c.Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outworkers)	-	-	-	-	-
Total	4	4	-	-	-

OUTWORK.
(Sections 110 and 111)

SECTION 110.

SECTION 111.

Nature of work.	No. of out- workers in August list required by Sec. 110(1c)	No. of cases of default in sending to list to the Council	No. of prose- cutions for failure to supply lists.	No. of instan- ces of work in unwhole- some premises	Notices served	Prosecutions
Textile Weaving.	18	--	--	--	--	--

Classified List of FACTORIES in the Area in 1962.

Bakehouses	2
Blacksmiths	1
Boot repairs	1
Building sites	7
Butchers	3
Burling and Mending	1
Cabinet Makers	1
Car insulatot kits & sundries	1
Casein grinders	1
Chemical Warehouses	1
Electric underfelts	1
Engineering and sheet metal workers	2
Fireclay Manufacturers	1
Fishpan Fitters	1
Food Preparation	4
Garage and motor repairs	3
Gas supply undertaking	1
Grocery warehouse	1
Highway depot	1
Institution	1
Joiners shops	7
Laundry	1
Portable building manufacturers	2
Power distribution	1
Plumbers shops	2
Printing works	1
Rag Flock Manufacturers	1
Salvage depot	1
Sewage disposal	1
Slaughterhouses	1
Stone quarry	1
Textile manufacturers	4
Textile Engineering	1
Type setting	1
Upholsterers	1
Wreath making -- seasonal only	1
Wool warehouse	3
Total	<u>65</u>

I should explain that Section 1,2,3,4 and 6 of the Factories Act are enforced by the District Council only where no Mechanical Power is used. These sections cover cleanliness, overcrowding, temperature, ventilation and drainage of floors.

Section 7 which deals with Sanitary Conveniences, is enforced by the District Council in all factories whether power is used or not.

OFFICES.

Although the Offices Act 1960 is on the statute book, the Act will not come into force until associated regulations prescribing minimum standards of hygiene for offices have been introduced. It may even be that the Act itself will be replaced by another statute. Comment would therefore be premature at this stage.

OFFENSIVE TRADES.

The one offensive trade carried on in the district was closed down during 1962. The trade was that of size boiling.

PREVENTION OF DAMAGE BY PESTS ACT 1949.

Routine work of rat and mouse destructions was continued at a satisfactory level during the year. No problems arose from this service which is still recognised as essential, even though spectacular "kills" of rats are no longer seen. A "hard core" of rodent infestation, possibly an irreducible minimum, now remains which must be continued to be "controlled" to avoid what must otherwise almost certainly be a rapid increase in the rodent population. Certain economies as for example in relation to sewer treatments might be effected without adverse results. In 1962 we did one test and one treatment of our sewers instead of the usual test and two treatments. We are waiting to see what difference this makes before saying that it is sufficient.

The table following gives details of the years activities :-

	TYPE OF PROPERTY.				
	Non Agricultural				Agri-cultural.
	Local Authority	Dwelling Houses inc. council h's	All other inc. business prems.	Total of cols 1, 2 & 3.	
1. Number of properties in L.A. District	18	3438	212	3650	54
2. Number of properties inspected as a result of notification Number of such properties found to be infested by :- Common rat Ship rat House Mouse see note 4.	2 - 1 - - 1	36 - 19 - - 17	20 2 12 - - 8	58 2 32 - - 26	6 2 4 - - -
3. Total number of properties inspected in the course of survey under the Act	-	-	-	-	-
4. Total number of properties otherwise inspected (e.g. when visited primarily for some other purpose). Number of such properties found to be infested by :- Common rat Ship rat House mouse	13 - - - - - -	463 - 2 - - - 4	82 - - - - - -	558 - 2 - - - 4	- - - - - -
5. Total inspections carried out including reinspections	17	541	124	682	12
6. Number of infested properties (in Sec.1,2, & 5 treated by Local Authority).	2	28	5	35	4
7. Total treatments carried out including retreatments.	2	33	9	44	4
8. Number of notices served under Sec.4 of the Act. (a) Treatment (b) Structural work (i.e. fly proofing)	- -	- -	- -	- -	- -
9. Number of cases in which default action was taken following the issue of a notice under Sec.4 of the Act.	-	-	-	-	-
10. Legal proceedings.	-	-	-	-	-
11. Number of "block" control schemes carried out	Nil	-	-	-	-

Pet Animals Act 1951.

No premises are licensed under this Act.

Petroleum (Consolidation) Acts 1928 to 1936.

During the year 17 licences were renewed for the storage of petroleum spirit. These licensed stores have a total capacity of 36,100 gallons. In addition up to 60 gallons are stored at the Queensbury Fire Station in cans, no licence being needed for this. The licences and conditions of storage have been revised to conform with the Model Conditions issued by the Home Office, in accordance with the recommendations of the County Fire Service.

There is a noticeable tendency to increase the size of storage tanks so that storage units now hold thousands of gallons whereas a few years ago the same stores contained only hundreds of gallons.

PUBLIC HEALTH ACTS.

Dealers in Old Metal.

Three persons are registered as such under the Public Health (Amendment) Act 1907, Section 86.

Rag and Bone Dealers (Section 154 - Public Health Act 1936).

I had no trouble with these during the year. Section 154 states that no person who collects or deals in old rags, old clothes or similar articles shall, while engaged in collecting such articles, sell or deliver, whether gratuitously or not, any article of food or drink to any person, or any article whatsoever to a person under the age of fourteen years.

Disinfestation and Disinfection.

There is nothing spectacular under this heading in 1962. Our normal work carried on, insecticides and disinfectant being given out to the public to combat their minor troubles with the usual instructions of "let us know if this doesn't cure the trouble ". All were successfully controlled with the wide variety of insecticides now available.

Routine disinfection after the more common infectious diseases, including Scarlet Fever, has been discontinued, but this service is still available on request.

Refuse Collection and Disposal.

The two new vehicles purchased in 1961 - the S.&. D. Freighter and the loading shovel for use at the tip, made life in this province of public health far pleasanter in 1962. We were able to follow the weekly routine we like, and give most satisfactory service. The service we improved in 1962 by new arrangement we made for dealing with Bank Holiday weeks. After Easter and Whitsuntide holidays every man was put onto bin emptying so that all bins were emptied - even in the shortened week available. This means overtime working to deal with pail closets, and slaughterhouse refuse, but I think the public would say it was worth the extra cost. Certainly the Traders guild of Hygiene were pleased with new arrangements as far as their members were concerned.

When things are going reasonably well with a branch of our work one's mind feels free to roam over the subject, and consider it from different angles - what the future holds - and so on. I have set down below a few thoughts on the subject.

Most controversial, of course, are problems associated with amenity and its impairment, rather than to do with public health. The indiscriminate dumping of car bodies, and refuse other than domestic. In so far as these merely spoil amenities, they should be dealt with by Amenity legislation. It should be possible for a Local Authority to spend money tidying up without bothering overmuch as to who pays. Have power to recover the cost by all means if it is easy to find out who dumped it, but otherwise get it tidied up for the community's benefit, at the community's expense. And if the dumping is done on a site, or in such a manner, that no-one complains, then leave it. I think we are wrong if we try to embrace too many amenity aspects of life in with public health work, which is based on statutory mandates of one sort or another.

The public health aspects of refuse storage and removal are fairly well known and defined. There is some confusion as to house and trade refuse but it is difficult to see how legislation could clear up this confusion, and the method of leaving it to the court to decide seems likely to be with us for a long time. I think that the collection of furniture, mattresses etc. is properly a rate borne charge where the Council undertake house refuse collection, and its purely a matter of sending a separate collecting vehicle as and when required. I see nothing to complain about in this. With regard to trade refuse - taking the extreme case of colliery waste heaps - it would obviously be wrong to make a Local Authority liable to remove all trade refuse. But in order that they may exercise as much control in their area as they wish to I think local authorities should have adoptive powers to undertake removal of trade waste from such premises, and in respect of such types of trade waste etc. as they care to specify, and that where this is done, the premises concerned should be liable if they dispose of their waste in any other way. Any argument as to reasonableness of costs, premises specified, type of waste specified, could be settled in court, but a local authority who wished to could provide a removal and disposal service, at no apparent cost to the rate-payers, and thereby ensure the proper disposal of these wastes. Any dumping which then went on from premises in the district would then reflect on the L.A.'s own attitude to the problem.

My attitude so far is - if the community suffers let the community have power to organise a business like answer, and then provide penal provisions.

Where the conduct of any trade or business produces waste, the improper storage or disposal of which is likely to be prejudicial to health or a nuisance, it should in my mind be classed as trade refuse, and brought within the gambit of a compulsory removal charge scheme as outlined above. This would cover roadside transport cafes, fish & chip premises, ice cream premises etc., where receptacles are, or should be provided, for immediately arising litter. On litter in general arising from folks' untidiness, it's to be picked up where it is found, as a street sweeping or amenity job. I cannot see that we can ever do more than threaten folk with penal provisions if they are caught and pick it up as a rate borne charge if they aren't. Litter at laybys etc. where folk are tacitly invited to park and drop litter is just as much a rate borne charge as the provision of the layby or carpark itself.

Smoke control areas, to my mind, should present no more problem than a prolonged spell of good summer weather, when folk don't have fires anyway. Unless and until houses are all gas or electric, it is useless trying to think up some standardized form of improved storage arrangements. The bulk on one hand, and the corrosive nature of hot ashes etc. on the other make it hard to plump for the standard metal bin, or a larger, lighter plastic bin. The extension of municipal bin schemes would enable a local authority to provide different types of bin for houses with different characteristics and I would think this was the only road one could travel towards getting the most nearly ideal bin supplied at each house. Bins I think there will have to be for a long, long time.

As long as the calendar is divided into weeks I feel that weekly collection is frequent enough for house refuse. It seems to be the weekend, when people are at home, that fills the bins. So unless working hours generally permit of two weekend holidays per week I see no need for more frequent collection in this climate. If such happened where would the labour force be to collect more frequently. It seems more likely to me that lighter bins will have to be introduced in order to enable succeeding generations of men of diminishing general physique and vigour can carry them out to be emptied. I can well imagine the lighter metal bins of more limited life than the present ones we are used to will be the answer. It will cost more, as everything does, these days, but like cars and other things, bins will have to be designed for a shorter 'life' in order to meet our demands for a light, fairly fireproof bin. Paper sacks may have their uses in multi storey buildings, but for the vast majority of houses I am sure something like our existing bin will be with us for 30 to 50 years. With the lid on it gives satisfactory storage for a week's refuse, and even if the metal bin may be substantially ousted by the paper sack, the lid design has not altered greatly. In fact a distorted, hinged lid may not be as satisfactory in practice, as a 'free' lid. The rubber lid does offer some answer to this question of distortion.

I do not believe that the normal residue of refuse left adhering to the bin when it is emptied constitutes a public health hazard. It is dirt, it is true, and all dirt is a potential hazard - but I have never observed any instance where there has seemed a possibility of a link between the ordinary household bin and the incidence of any disease. If funds were available for providing a cleaned, sterile, fresh bin every time they were emptied, such a system would be ideal - but I would consider it based more on aesthetic grounds than on public health grounds. Hospitals and houses where disease is known to be present being most especially excepted from those remarks.

One thought here, as an aside. If the money spent on sink grinders could be spent on providing pulverizers at source, or incinerators at source, so that the housewife emptied her refuse into the receiver switched on and left it to pulverize or incinerate, knocking itself off - the idea might spread faster than the sink unit idea, where the provision of a unit is tied to the provision of a sink. Another idea is for a simple ram which would compress refuse into a hard nugget which could be removed by hand, and no containers would need carrying up and down paths, nor could insects breed on it.

Who knows, what seems an apparently wild idea now may well be successfully adapted as future generations adopt, adapt, and improve the old ideas.

Back to earth now, to our costs :-

Refuse removal and Disposal 1962/63.

Collection.

	£.	s.	d.	
Salaries.	63.	1.	1.	
Protective clothing	66.	19.	4	
Disinfectants etc.	7.	18.	6	
Haulage	986.	7.	9	
Wages	4494.	1.	0	
Other expenses	30.	0.	0	
	<u>5648.</u>	<u>7.</u>	<u>8</u>	£5648. 7. 8d

£. s. d.

Disposal.

Haulage at tip (Tractor)	249.	18.	9	
Repairs at tip	28.	2.	9	
Protective clothing	8.	19.	9	
Disinfectants	5.	0.	0	
Wages	<u>593.</u>	<u>6.</u>	<u>11</u>	
	<u>885.</u>	<u>8.</u>	<u>2</u>	£ 885. 8. 2d

Salvage.

	£.	s.	d.	
Wages (with bonus)	866.	15.	9	
Haulage	33.	17.	11	
Materials	30.	13.	6	
Depot expenses	40.	0.	11	
Salaries	<u>63.</u>	<u>1.</u>	<u>0</u>	
	<u>1034.</u>	<u>9.</u>	<u>1</u>	£1034. 9. 1d

Income.

	£.	s.	d.	
Sale of salvage	741.	19.	11	
Other receipts - trade refuse etc.	<u>227.</u>	<u>2.</u>	<u>5</u>	
	<u>969.</u>	<u>2.</u>	<u>4</u>	£ 969. 2. 4d

£6619. 2. 7d

The details of the Salvage Account for the year 1962/63 are as follows:-

<u>Income.</u>		<u>Expenditure.</u>	
By sale of salvageable materials		Materials	£30.13. 6
1/4/62 to 31/3/63.	£741.19.11d	Salaries	63. 1. 0
		Haulage	33.17.11
		Depot exs.	40. 0.11
Balance loss	<u>292. 9. 2d</u>	Wages(includes	
	£1034. 9. 1d.	£89.0.11 bonus)	<u>866.15. 9</u>
			<u>£1034. 9. 1d.</u>

Salvage sales for the year ending 3rd December 1962 as distinct from the financial year 1962/63 shown above were :-

Salvage Sold during the year ending 31st December 1962.

	Tons.	cwts.	qrs.	lbs.	£. s. d.
Mixed waste paper	66	17	3	-	521.18.11
Cardboard	15	11	0	-	152. 0. 0
Newsprint	9	18	0	-	83. 1. 9
Tins (scrap)	-	-	-	-	- - -
Copper			3	6	3. 4. 2
Rags		5	0	0	2. 0. 0
Scrap iron		5	2	0	1.11. 0
Aluminium		1	-	-	2. 1. 4
Total	92	19	-	6	765.17. 2d

Staff.

The following staff are employed by the Health Department on outside work :-

Dustbin collection.	}	5 men and 1 driver for 25 cubic
Ashpit collection		yard S. & D. Freighter
Rodent control	}	1 man and 1 driver for 7 cubic
Drain sclearing and investigation		yard Karrier.
Health department handyman	}	
Salvage sorting and baling		1 man.
Refuse tip control	)	1 man.
		<hr/>
		10 men.
		<hr/>

Rag Flock and Other Filling Materials Act 1951.

This Act came into force on 1st November 1951. Briefly it forbids the use of certain filling materials for upholstery, the stuffing of bedding, toys, baby carriages etc.

Premises where Rag Flock is manufactured or stored must be licensed annually, and we have one manufacturer so licensed.

Provisions are incorporated to prevent the sale or use of unclean filling materials, and regulations have been made prescribing standards of cleanliness for such filling materials.

Premises where Rag Flock is used must also be registered, and we have one upholsterer so registered.

Schools.

There are eight schools in the area, and 14 visits were made to these for purposes which include inspection of toilet accommodation, sampling school milk, and checking on absentees due to infectious disease.

No schools were closed during the year.

Swimming Baths.

The premises in which is situated the only swimming bath in the district are Council owned and the bath was open throughout 1962. It was operated quite satisfactorily during the year. The slipper baths at the same premises continued to supply a need locally.

West Riding County Council (General Powers) Act 1951.

Hairdressers - Section 120.

All the Hairdressers' premises in the area are now registered by the Council under the above status. There are four premises catering for men and eight for ladies.

Bye Laws for these premises were made and came into force throughout the area on 1st May 1953.

The standard of cleanliness apparent on routine inspection is good.

